Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals

Integrated Performance Report

Reporting Period: 2024/25 Quarter 3

Integrated Scorecard

The Integrated Scorecard together with graphs for all indicators is included in appendix A.

The graphs present monthly data typically from Apr-22. Where appropriate, the graphs are statistical process control (SPC) charts.

Performance is assessed as met/did not meet the standard set for the financial year. Where the metric is being assessed against plan; details of the plan are included in the graphs in the appendix.

Green tick = target met/exceeded; Red cross = target not met

Category	At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	Oct-24	Nov-24	Dec-24	2024/25 Qtr 3	2024/25 YTD
Quality of Care	Safe	Falls with lapse in care	≤2	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1	✓ 0	✓ 0	✓ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1
		Falls per 1000 occupied bed days	≤6.63	≤6.63	✗ 6.9	✗ 7.3	✓ 6.1	✗ 6.7	✓ 6.2	✓ 5.8	✗ 6.7	✓ 6.3	✗ 6.7	✓ 5.9	✓ 6.2	✓ 6.3	✓ 6.0	✗ 7.4	✗ 7.3	✗ 6.9	✓ 6.5
		Never events	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 2
		MRSA reported in month	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1
		Cdifficile reported in month	≤13	≤13	1	3	5	✓ 9	4	4	5	✓ 13	4	3	4	✓ 11	7	4	6	✗ 17	✗ 41
		Ecoli blood stream infections (BSI) reported in month	≤22	≤22	3	5	3	✓ 11	5	1	4	✓ 10	3	5	2	✓ 10	4	6	0	✓ 10	✓ 30
		Klebsiella BSI reported in month	≤1	≤1	2	1	0	✗ 3	0	1	2	✗ 3	1	1	0	✗ 2	1	1	0	✗ 2	✗ 7
		Pseudomonas BSI reported in month	≤3	≤3	2	1	1	✗ 4	0	0	1	✓ 1	0	0	0	✓ 0	0	1	0	✓ 1	✓ 2
		HAPU (cat 2) per 1000 occupied bed days with a lapse in care			0.2	0.2	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.1	0.1
		HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✗ 1	✗ 1	✗ 2	✓ 0	✓ 0	✗ 1	✗ 1	✓ 0	✓ 0	✗ 2	✗ 2	✗ 5
		Patient Safety Incident Investigations (PSII)			2	2	1	5	3	4	0	7	0	2	2	4	1	0	2	3	14
		Sepsis (metric to be defined)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Caring	Complaints per 1000 occupied bed days	≤1.9	≤1.9	✓ 1.1	✓ 1.1	✓ 0.8	✓ 1.0	✓ 0.7	✓ 1.5	✓ 0.9	✓ 1.0	✓ 1.5	✓ 0.8	✓ 0.8	✓ 1.0	✓ 0.8	✓ 0.8	✓ 0.4	✓ 0.7	✓ 0.9
		Compliments received in month			151	122	120	393	161	138	151	450	155	120	119	394	204	160	147	511	1355
	Effective	HSMR (basket of 56 diagnosis groups)	≤100	≤100	✗ 108	✗ 107	✗ 105	✗ 105	✗ 104	✗ 103	✗ 102	✗ 102	✗ 102	✗ 102	✗ 103	✗ 103	✗ 103	✗ 103	✗ 101	✗ 103	✗ 103
		SHMI	≤100	≤100	✗ 108	✗ 109	✗ 109	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106
		Still birth rate	≤4.4	≤4.4	✓ 3.2	✗ 11.5	✓ 3.7	✗ 5.9	✓ 0.0	✓ 3.2	✓ 4.2	✓ 2.3	✓ 0.0	✗ 6.8	✗ 6.4	✓ 4.4	✓ 3.4	✗ 10.3	✓ 0.0	✗ 4.5	✓ 3.8
		Early neonatal deaths per 1000 live births	≤1	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 3.2	✗ 1.1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.4
People and Culture	Belonging in the NHS	Engagement score	≥6.8%	≥6.8%	-	-	-	✓ 6.9	-	-	-	✓ 6.8	-	-	-	✓ 6.8	-	-	-	-	✓ 6.8
	Growing the Future	Vacancy rate	≤8.5%	≤8.5%	✓ 5.1%	✓ 4.7%	✓ 4.5%	✓ 4.7%	✓ 8.2%	✓ 8.0%	✓ 8.1%	✓ 8.1%	✓ 8.4%	✓ 7.7%	✓ 7.4%	✓ 7.9%	✓ 8.4%	✓ 8.3%	✓ 8.1%	✓ 8.3%	✓ 8.1%
		Turnover in month	≤0.9%	≤0.9%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.5%	✓ 0.3%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.4%	✓ 0.5%	✓ 0.7%	✓ 0.5%	✓ 0.5%
		Appraisals	≥90%	≥90%	✗ 88.9%	✗ 88.3%	✗ 87.8%	✗ 88.3%	✗ 88.5%	✓ 90.1%	✗ 88.8%	✗ 89.1%	✓ 90.3%	✓ 90.0%	✗ 89.7%	✓ 90.0%	✗ 88.8%	✗ 86.9%	✗ 88.8%	✗ 88.2%	✗ 89.1%
		Mandatory & statutory training	≥90%	≥90%	✓ 91.0%	✓ 91.0%	✓ 92.0%	✓ 91.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.4%	✓ 91.3%	✓ 90.9%	✓ 91.2%	✓ 90.9%	✓ 90.7%	✓ 91.8%	✓ 91.1%	✓ 91.1%
	Looking after our People	Sickness absence	≤4.2%	≤4.2%	✗ 5.0%	✗ 4.7%	✗ 4.3%	✗ 4.6%	✗ 4.3%	✗ 4.4%	✗ 4.7%	✗ 4.4%	✗ 4.9%	✗ 4.2%	✗ 4.7%	✗ 4.6%	✗ 5.6%	✗ 5.7%	✗ 6.1%	✗ 5.8%	✗ 4.9%
		Total workforce loss	≤7.0%	≤7.0%	✗ 7.3%	✓ 6.9%	✓ 6.4%	✓ 6.9%	✓ 6.4%	✓ 6.4%	✓ 6.8%	✓ 6.5%	✓ 6.9%	✓ 6.3%	✓ 6.7%	✓ 6.6%	✓ 7.6%	✗ 7.8%	✗ 8.1%	✗ 7.8%	✓ 7.0%
		Flu vaccinations uptake (front line staff)	≥80%	≥75%	58.0%	58.0%	-	58.0%	-	-	-	-	-	-	-	-	35.3%	43.6%	47.1%	47.1%	47.1%
		Employee relations management	<12	<17	✗ 20	✗ 17	✗ 21	✗ 19	✗ 20	✗ 23	✗ 15	✗ 19	✗ 20	✗ 20	✗ 21	✗ 20	✗ 19	✗ 20	✗ 18	✗ 19	✗ 20
	New Ways of Working	Bank usage			8.8%	7.7%	10.8%	9.1%	8.3%	10.3%	9.3%	9.3%	9.8%	10.3%	8.1%	9.4%	7.3%	7.8%	9.1%	8.0%	8.9%
		Agency usage	<3.7%	<3.2%	✗ 5.2%	✗ 4.7%	✗ 4.2%	✗ 4.7%	✗ 4.6%	✗ 4.6%	✗ 4.7%	✗ 4.6%	✗ 5.1%	✗ 4.2%	✗ 3.4%	✗ 4.2%	✗ 3.6%	✗ 3.7%	✓ 3.2%	✗ 3.5%	✗ 4.1%
		Agency (off framework)	≤6.0%	0.0%	✗ 0.1%	✗ 0.1%	✓ 0.0%	✗ 0.0%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✗ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✗ 0.0%
		Agency (over price cap)	≤30.0%	≤40.0%	✗ 54.6%	✗ 47.4%	✗ 54.4%	✗ 52.0%	✗ 55.1%	✗ 55.6%	✗ 59.7%	✗ 57.1%	✗ 60.3%	✗ 53.6%	✗ 55.5%	✗ 56.4%	✗ 45.1%	✗ 43.1%	✗ 47.9%	✗ 45.4%	✗ 53.1%
Timely Care	Urgent Care	Ambulance turnaround times <30 mins	≥95%	≥95%	✓ 95.6%	✗ 93.9%	✗ 94.6%	✗ 94.7%	✓ 96.6%	✓ 96.5%	✓ 95.1%	✓ 96.1%	✓ 95.6%	✓ 96.8%	✗ 93.5%	✓ 95.3%	✗ 93.7%	✗ 87.4%	✗ 80.6%	✗ 87.1%	✗ 92.8%
		Ambulance delays >60 mins	0.0%	0.0%	✗ 0.2%	✗ 0.2%	✗ 0.5%	✗ 0.3%	✗ 0.2%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.2%	✗ 0.2%	✗ 0.1%	✗ 1.7%	✗ 2.5%	✗ 1.5%	✗ 0.6%
		ED 4-hour performance	≥76%	≥76%	✗ 65.7%	✗ 63.6%	✗ 72.2%	✗ 67.3%	✗ 74.2%	✗ 73.4%	✗ 70.9%	✗ 72.8%	✗ 71.7%	✓ 82.0%	✗ 73.6%	✗ 75.6%	✗ 69.2%	✗ 66.5%	✗ 61.7%	✗ 65.8%	✗ 71.4%
		ED 12-hour length of stay performance	≤2%	≤2%	✗ 5.5%	✗ 5.1%	✗ 3.1%	✗ 4.5%	✗ 3.1%	✗ 2.2%	✗ 2.3%	✗ 2.5%	✗ 2.9%	✓ 0.9%	✗ 3.0%	✗ 2.3%	✗ 3.9%	✗ 4.8%	✗ 6.3%	✗ 5.0%	✗ 3.3%
		SDEC rate	≥33%	≥33%	✓ 38.3%	✓ 38.1%	✓ 37.8%	✓ 38.1%	✓ 38.2%	✓ 37.7%	✓ 38.6%	✓ 38.2%	✓ 38.1%	✓ 41.3%	✓ 39.0%	✓ 39.4%	✓ 40.0%	✓ 39.4%	✓ 36.8%	✓ 38.7%	✓ 38.8%
		Adult G&A bed occupancy	≤92%	≤92%	✗ 97.9%	✗ 97.8%	✗ 96.5%	✗ 97.4%	✗ 93.6%	✗ 94.8%	✗ 94.7%	✗ 94.4%	✗ 95.5%	✗ 92.2%	✗ 93.8%	✗ 93.9%	✗ 95.4%	✗ 94.7%	✗ 94.8%	✗ 94.9%	✗ 94.4%
		Long length of stay (21+) occupied beds	≤Plan	≤Plan	✗ 116	✗ 116	✗ 107	✗ 116	✗ 124	✓ 96	✓ 91	✓ 110	✓ 102.0	✓ 105.0	✓ 103.0	✓ 104.0	✓ 96.0	✓ 97.0	✓ 106.0	✓ 99.8	✓ 102
		Inpatients medically safe for transfer for greater than 24 hours	≤40	≤40	✗ 93	✗ 105	✗ 101	✗ 98	✗ 91	✗ 64	✗ 71	✗ 75	✗ 84	✗ 65	✗ 57	✗ 69	✗ 57	✗ 56	✗ 59	✗ 57	✗ 67
	Electives	Advice & guidance	≥16%	≥16%	✓ 24.3%	✓ 27.3%	✓ 25.4%	✓ 25.6%	✓ 24.5%	✓ 25.8%	✓ 22.0%	✓ 24.1%	✓ 25.2%	✓ 24.6%	✓ 22.3%	✓ 24.0%	✓ 24.7%	✓ 23.9%	✓ 24.4%	✓ 24.3%	✓ 24.1%
		Added to Patient Initiated Follow Up (PIFU) pathway	≥5%	≥5%	✓ 5.7%	✓ 5.6%	✓ 5.3%	✓ 5.5%	✓ 6.0%	✓ 5.9%	✓ 5.9%	✓ 5.9%	✓ 6.2%	✓ 6.1%	✓ 6.3%	✓ 6.2%	✓ 6.0%	✓ 5.9%	✓ 6.1%	✓ 6.0%	✓ 6.0%
		Outpatient attends that are first or follow up with a procedure		≥Plan	43.2%	43.7%	43.8%	43.5%	✗ 43.3%	✗ 40.7%	✗ 43.9%	✗ 42.6%	✗ 42.2%	✗ 42.9%	✓ 43.1%	✗ 42.7%	✗ 41.5%	✗ 41.5%	✗ 41.1%	✗ 41.4%	✗ 42.2%
		Incomplete RTT waiting list	≤Plan	≤Plan	✗ 52,377	✗ 50,534	✗ 50,757	✗ 50,757	✗ 36,584	✗ 35,858	✗ 35,720	✗ 35,720	✗ 35,251	✗ 35,165	✗ 35,507	✗ 35,507	✗ 35,440	✗ 34,538	✗ 34,147	✗ 34,538	✗ 34,538
		Incomplete RTT pathways +52 weeks	≤Plan	≤Plan	✗ 1,759	✗ 1,662	✗ 1,591	✗ 1,591	✓ 1,312	✓ 1,162	✓ 1,177	✓ 1,177	✓ 1,080	✗ 1,019	✗ 870	✗ 870	✗ 786	✗ 709	✗ 569	✗ 709	✗ 709
		Incomplete RTT pathways +65 weeks	≤Plan	≤Plan	✗ 399	✗ 347	✗ 157	✗ 157	✓ 140	✓ 129	✓ 109	✓ 109	✓ 77	✗ 105	✗ 50	✗ 50	✗ 44	✗ 36	✗ 40	✗ 36	✗ 36
		Incomplete RTT pathways +78 weeks	0	0	✗ 17	✗ 12	✗ 5	✗ 5	✗ 2	✗ 1	✓ 0	✓ 0	✗ 2	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Diagnostics	Diagnostic DM01 backlog			3,659	3,344	3,430	3,430	3,569	3,584	3,861	3,861	4,295	3,634	2,558	2,558	1,427	989	945	945	945
		Diagnostic DM01 performance under 6-weeks	≥99%	≥Plan	✗ 62.8%	✗ 68.1%	✗ 70.5%	✗ 70.5%	✓ 71.6%	✓ 72.7%	✗ 70.5%	✗ 70.5%	✗ 69.5%	✗ 70.2%	✗ 76.3%	✗ 76.3%	✓ 85.6%	✓ 89.8%	✓ 89.4%	✓ 89.4%	✓ 89.4%
	Cancer	Cancer 28-day faster diagnosis standard	≥75%	≥75%	✓ 76.0%	✓ 82.9%	✓ 82.6%	✓ 80.6%	✓ 75.3%	✓ 79.8%	✓ 79.2%	✓ 78.2%	✓ 81.6%	✓ 81.6%	✓ 78.2%	✓ 80.5%	✓ 79.9%	✓ 78.4%	-	✓ 79.2%	✓ 79.3%
		Cancer 31-day treatment performance	≥96%	≥Plan	✗ 73.2%	✗ 80.0%	✗ 90.4%	✗ 81.4%	✓ 89.8%	✓ 87.5%	✓ 88.3%	✓ 88.6%	✓ 95.0%	✓ 91.1%	✓ 95.0%	✓ 93.8%	✓ 94.3%	✗ 89.8%	-	✗ 91.9%	✓ 91.3%
		Cancer 62-day treatment performance	≥85%	≥Plan	✗ 56.5%	✗ 54.7%	✗ 69.2%	✗ 60.4%	✓ 71.8%	✗ 56.3%	✓ 70.3%	✗ 66.1%	✓ 71.4%	✓ 67.9%	✓ 61.2%	✗ 67.0%	✗ 66.1%	✗ 69.7%	-	✗ 68.0%	✗ 66.9%
		Suspected cancer patients waiting over 62-days			88	57	59	59	100	80	81	81	75	99	95	95	98	86	92	86	86
Best Value Care	Finance	Income & expenditure against plan	≥£0.00m	≥£0.00m	✗ -£0.76	✓ £2.33	✗ -£12.76	✗ -£11.19	✗ -£0.02	✓ £0.02	✗ -£0.61	✗ -£0.61	✗ -£0.33	✗ -£0.31	✓ £0.44	✗ -£0.20	✗ -£0.18	✗ -£0.79	✗ -£0.09	✗ -£1.06	✗ -£1.87
		Financial Improvement Programme (FIP) against plan	≥£0.00m	≥£0.00m	✓ £1.27	✗ -£0.43	✓ £0.54	✓ £1.38	✗ -£0.55	✓ £1.48	✓ £0.66	✓ £1.59	✗ -£1.61	✗ -£1.38	✗ -£1.57	✗ -£4.56	✓ £4.90	✗ -£1.66	✗ -£0.20	✓ £3.04	✓ £0.07
		Capital expenditure against plan	≤£0.00m	≤£0.00m	✓ -£2.01	✓ -£0.88	✓ -£12.53	✓ -£15.42	✗ £1.61	✗ £2.07	✗ £1.39	✗ £5.07	✗ £1.55	✗ £1.28	✗ £1.27	✗ £4.10	✗ £1.16	✗ £1.01	✗ £1.92	✗ £4.09	✗ £13.26
		Cash balance	-	≥£1.45m	£1.80	£8.76	£4.74	£4.74	✗ £1.34	✓ £1.73	✓ £1.50	✓ £1.50	✗ £0.32	✗ £0.15	✗ £0.05	✗ £0.05	✓ £9.46	✓ £4.17	✗ £1.28	✗ £1.28	✗ £1.28
		Implied Productivity 2023/24 v 2024/25	-	3.1%	-	-	-	-	-	-	-	-	✓ 6.7%	✓ 5.2%	✓ 6.1%	✓ 6.1%	✓ 6.9%	-	-	✓ 6.9%	✓ 6.9%
		Value weighted elective activity	-	105%	113.2%	114.2%	127.1%	118.2%	✗ 103.5%	✓ 110.9%	✓ 112.0%	✓ 108.8%	✓ 108.8%	✓ 118.7%	✓ 118.5%	✓ 115.3%	✓ 119.1%	✓ 113.6%	✓ 114.4%	✓ 115.7%	✓ 113.3%
		Agency expenditure against plan	≥£0.00m	≥£0.00m	✗ -£1.36	✗ -£1.17	✗ -£1.09	✗ -£3.62	✗ -£0.18	✗ -£0.29	✗ -£0.29	✗ -£0.76	✗ -£0.39	✗ -£0.24	✓ £0.01	✗ -£0.62	✗ -£0.17	✗ -£0.09	✓ £0.14	✗ -£0.12	✗ -£1.50
		Reported agency spend			£1.47	£1.28	£1.21	£3.96	£1.27	£1.28	£1.32	£3.87	£1.44	£1.17	£0.93	£3.54	£1.18	£1.14	£0.90	£3.22	£10.63
		Reported bank spend			£3.36	£2.01	£3.69	£9.06	£2.25	£2.88	£2.59	£7.72	£2.75	£2.89	£2.22	£7.86	£2.36	£2.41	£2.61	£7.38	£22.96
Activity (for context)	Urgent Care	A&E attendances (inc. PC24)	≤Plan	≤Plan	✗ 104.5%	✗ 111.1%	✗ 111.6%	✗ 109.0%	✗ 111.5%	✗ 106.8%	✗ 104.1%	✗ 107.3%	✗ 106.5%	✓ 96.7%	✗ 102.0%	✗ 101.7%	✗ 105.9%	✗ 107.4%	✗ 107.7%	✗ 107.0%	✗ 105.3%
		Non-elective admissions	≤Plan	≤Plan	✗ 119.9%	✗ 118.6%	✗ 116.0%	✗ 118.2%	✗ 111.3%	✗ 110.4%	✗ 103.3%	✗ 108.3%	✗ 105.5%	✗ 102.1%	✓ 99.1%	✗ 102.2%	✓ 98.1%	✓ 96.2%	✗ 103.3%	✓ 99.1%	✗ 103.1%
	Electives	Average daily elective referrals			314	327	304	315	343	340	325	336	348	320	347	338	374	350	-	362	343
		Outpatients - first appointment	≥Plan	≥Plan	✓ 108.3%	✓ 106.3%	✓ 109.7%	✓ 108.1%	✗ 99.3%	✗ 84.0%	✗ 94.0%	✗ 92.3%	✗ 90.5%	✗ 87.5%	✗ 96.0%	✗ 91.3%	✗ 82.9%	✗ 83.4%	✗ 78.2%	✗ 81.6%	✗ 88.3%
		Outpatients - follow up	≤Plan	≤Plan	✗ 107.5%	✗ 105.0%	✗ 106.2%	✗ 106.2%	✓ 100.0%	✗ 102.4%	✓ 94.1%	✓ 98.9%	✓ 99.1%	✓ 92.2%	✓ 97.2%	✓ 96.2%	✓ 97.2%	✓ 92.5%	✓ 92.0%	✓ 94.0%	✓ 96.3%
		Outpatients - procedures	≥Plan	≥Plan	✓ 121.7%	✓ 125.3%	✓ 123.0%	✓ 123.3%	✓ 133.0%	✓ 129.3%	✓ 114.4%	✓ 125.3%	✓ 122.7%	✓ 118.7%	✓ 139.0%	✓ 126.1%	✓ 139.9%	✓ 124.7%	✓ 139.9%	✓ 134.5%	✓ 128.4%
		Day case	≥Plan	≥Plan	✓ 100.2%	✓ 101.5%	✓ 109.8%	✓ 103.7%	✗ 96.3%	✗ 96.1%	✗ 96.0%	✗ 96.1%	✓ 102.7%	✓ 101.3%	✓ 100.0%	✓ 101.3%	✗ 95.8%	✓ 101.4%	✗ 97.1%	✗ 98.1%	✗ 98.6%
		Elective inpatient	≥Plan	≥Plan	✓ 101.9%	✓ 110.8%	✓ 129.3%	✓ 113.5%	✗ 92.5%	✗ 94.6%	✗ 90.0%	✗ 92.4%	✓ 84.0%	✗ 99.8%	✗ 96.7%	✗ 93.3%	✓ 108.0%	✓ 109.4%	✗ 97.9%	✓ 105.4%	✗ 97.0%
	Diagnostics	Diagnostics	≥Plan	≥Plan	✓ 102.6%	✓ 103.9%	✓ 106.8%	✓ 104.4%	✓ 102.6%	✓ 109.2%	✗ 98.1%	✓ 103.2%	✓ 104.9%	✓ 111.4%	✓ 112.5%	✓ 109.5%	✓ 120.5%	✓ 114.9%	✓ 114.6%	✓ 116.7%	✓ 109.8%

Outstanding Care,
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Quality of Care

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Domain Summary: Quality of Care

Overview	Lead: Chief Nurse/Medical Director

In Oct-24 we reported our first MRSA bacteraemia for over two years; regionally Trusts are reporting an increase in cases. We have identified an increase in infections related to C-difficile and Gram-negative infections which is in line with what is being seen nationally. Infection, Prevention and Control (IPC) undertake rapid reviews for all hospital associated infections and had completed 223 at the end of Dec-24 with learning being shared as part of all divisional governance reports.

Two Patient Safety Incident Investigations (PSII) were commissioned by the Patient Safety Incident Response Group (PSIRG) in Dec-24, this followed an in-depth discussion during which representatives from the Integrated Care Board (ICB) were present. There is one confirmed coroner's investigation. During quarter three, four PSII's were signed off and the key learning points were identified (shared on slide nine).

During 2024/25 quarter three, we received 511 compliments, 381 concerns, 47 formal complaints, and closed 85, showing a 42% increase in response times /formal complaints. We continue to identify actions and themes that are tracked through the Patient Experience Committee.

There are eight off-track metrics during 2024/25 quarter three:

- **Category 3/4 Hospital Acquired Pressure Ulcers (HAPU) and ungradable pressure ulcers with lapses in care**: SFH reported two avoidable category three pressure ulcers.
- **Falls per 1000 occupied bed days:** falls rate for Nov-24 (7.4) and Dec-24 (7.3) was above the national average of 6.63 per thousand occupied bed days.
- **MRSA reported in month:** During quarter three we have reported one hospital-onset healthcare-associated (HOHA) and one community-onset healthcare-associated (COHA).
- **C-difficile reported in month:** During quarter three we have reported 17 HOHAs and 11 COHAs.
- **Klebsiella BSI reported in month:** We have reported two HOHAs and two COHAs.
- **Hospital Standardised Mortality Ratio (HSMR):** Latest 12-monthly rolling = 101.4 (Oct-23 to Sep-24); (quarter two report HSMR 122.14). Now as expected.
- **Summary Hospital-level Mortality Indicator (SHMI):** Latest reporting = 106.05 (Aug-23 to Jul-24); (quarter two report 105.96). Remains as expected.
- **Early neonatal deaths**: Four stillbirths (one in Oct- 24 and three in Nov-24), and no early neonatal deaths.

The following pages contain more detailed performance information across the quality of care domain.

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Scorecard: Quality of Care

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	Oct-24	Nov-24	Dec-24	2024/25 Qtr 3	2024/25 YTD
Safe	Falls with lapse in care	≤2	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1	✓ 0	✓ 0	✓ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1
	Falls per 1000 occupied bed days	≤6.63	≤6.63	✗ 6.9	✗ 7.3	✓ 6.1	✗ 6.7	✓ 6.2	✓ 5.8	✗ 6.7	✓ 6.3	✗ 6.7	✓ 5.9	✓ 6.2	✓ 6.3	✓ 6.0	✗ 7.4	✗ 7.3	✗ 6.9	✓ 6.5
	Never events	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 2
	MRSA reported in month	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1
	Cdifficile reported in month	≤13	≤13	1	3	5	✓ 9	4	4	5	✓ 13	4	3	4	✓ 11	7	4	6	✗ 17	✗ 41
	Ecoli blood stream infections (BSI) reported in month	≤22	≤22	3	5	3	✓ 11	5	1	4	✓ 10	3	5	2	✓ 10	4	6	0	✓ 10	✓ 30
	Klebsiella BSI reported in month	≤1	≤1	2	1	0	✗ 3	0	1	2	✗ 3	1	1	0	✗ 2	1	1	0	✗ 2	✗ 7
	Pseudomonas BSI reported in month	≤3	≤3	2	1	1	✗ 4	0	0	1	✓ 1	0	0	0	✓ 0	0	1	0	✓ 1	✓ 2
	HAPU (cat 2) per 1000 occupied bed days with a lapse in care			0.2	0.2	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.2	0.1	0.0	0.1	0.1
	HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✗ 1	✗ 1	✗ 2	✓ 0	✓ 0	✗ 1	✗ 1	✓ 0	✓ 0	✗ 2	✗ 2	✗ 5
	Patient Safety Incident Investigations (PSII)			2	2	1	5	3	4	0	7	0	2	2	4	1	0	2	3	14
	Sepsis *(metric to be defined)*																			
Caring	Complaints per 1000 occupied bed days	≤1.9	≤1.9	✓ 1.1	✓ 1.1	✓ 0.8	✓ 1.0	✓ 0.7	✓ 1.5	✓ 0.9	✓ 1.0	✓ 1.5	✓ 0.8	✓ 0.8	✓ 1.0	✓ 0.8	✓ 0.8	✓ 0.4	✓ 0.7	✓ 0.9
	Compliments received in month			151	122	120	393	161	138	151	450	155	120	119	394	204	160	147	511	1355
Effective	HSMR (basket of 56 diagnosis groups)	≤100	≤100	✗ 108	✗ 107	✗ 105	✗ 105	✗ 104	✗ 103	✗ 102	✗ 102	✗ 102	✗ 102	✗ 103	✗ 103	✗ 103	✗ 103	✗ 101	✗ 103	✗ 103
	SHMI	≤100	≤100	✗ 108	✗ 109	✗ 109	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106
	Still birth rate	≤4.4	≤4.4	✓ 3.2	✗ 11.5	✓ 3.7	✗ 5.9	✓ 0.0	✓ 3.2	✓ 4.2	✓ 2.3	✓ 0.0	✗ 6.8	✗ 6.4	✓ 4.4	✓ 3.4	✗ 10.3	✓ 0.0	✗ 4.5	✓ 3.8
	Early neonatal deaths per 1000 live births	≤1	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 3.2	✗ 1.1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.4

Indicator in Focus: Falls per 1000 occupied bed days

Sherwood Forest Hospitals NHS Foundation Trust

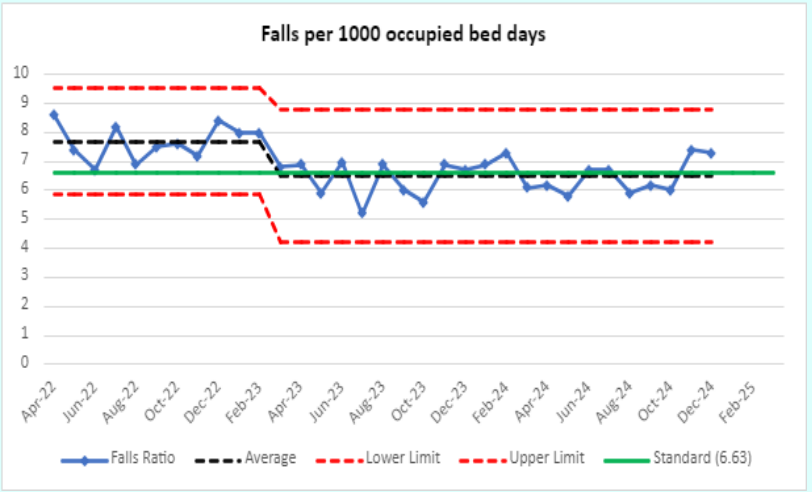
Overview and national position

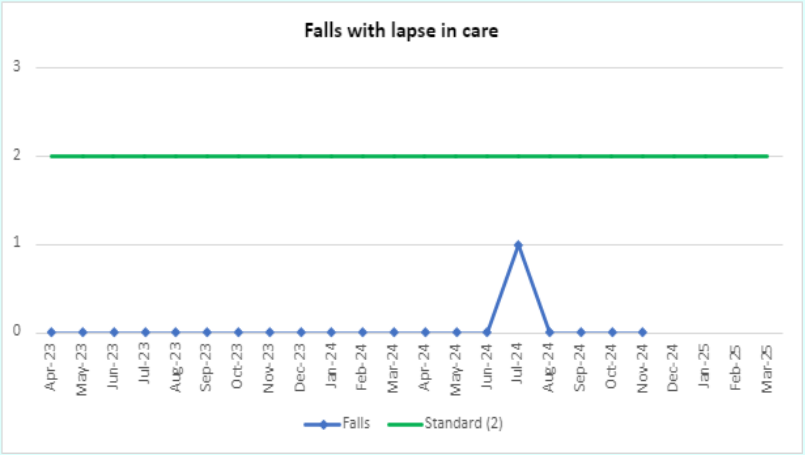
Following a strong performance in Oct-24 the falls rate for Nov-24 (7.4) and Dec-24 (7.3) was above the national average of 6.63 per thousand occupied bed days, putting us off track for 2024/25 quarter three. This may be in part due to the continued high volume of people consistently accessing urgent care; the Trust has been in surge capacity and has at times used the Full Capacity Protocol (FCP).

In-depth investigations identified that there had been no falls where lapses in care have been identified. Actions and learning identified as part of the investigations is captured below.

Root causes	Actions and timescale	Impact
Increase in number of falls in Dec-24, due to increase in surge capacity and implementation of FCP.	• Training on fundamentals of care for Healthcare Support Workers. • Training on essentials to role for Registered Nurses. • Training on focus days for preceptorship nurses.	• Staff up to date with falls information.
	• Focused support for wards that request additional training.	• To share relevant information for that area regarding recent incidents and how they can learn from them.
	• Thematic Falls review to be completed via the Patient Safety Incident Response Framework (PSIRF).	• To identify any lapses within care, looking retrospectively at incidents, to be shared via the Nottingham and Nottinghamshire Integrated Care System (ICS) falls group.
Seasonal increase in length of stay.	• Supporting wards with identifying repeat falls and providing education to patients to reduce risk of falling again.	• To reduce risk of repeat falls.

Data





Indicator in Focus: MRSA, C-difficile and Klebsiella BSI

NHS Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

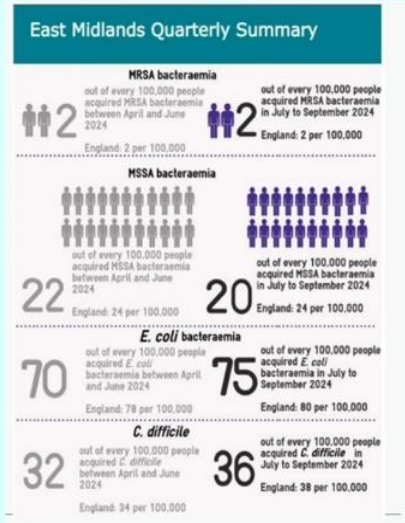
MRSA - The national trajectory has been set for the Trust at 0 (same for all organisations).
Quarter three: Reported one HOHA and one COHA. These are the first MRSA bacteraemia in over two years. Regionally, Trusts are seeing an increase in cases. Benchmarking against peer organisations shows that we are in the middle of the group, not an outlier.
C-difficile - The national trajectory has been set for the Trust at 65 (increase of eight from last year's trajectory).
Quarter three: Reported 17 HOHA and 11 COHAs. We have had 63 cases identified and are close to breaching our target. Regionally and nationally, Trusts are seeing an increase in cases, with the UKHSA releasing a briefing note in Dec-24 related to this increase with recommendations for reporting clusters and outbreaks and responding to any additional requests from UKHSA. Benchmarking against peer organisations shows that we are in the middle of the group, not an outlier.
Klebsiella - The national trajectory has been set for the Trust at 16. (reduction of six from last year's trajectory).
Quarter three: Reported two HOHA and two COHAs. There is currently a regional and national increase in cases, we have provided data on all cases to our Regional NHS England team to look for any wider themes. Benchmarking against peer organisations indicates that we continue to have the second lowest number of cases.

Root causes	Actions and timescale	Impact
MRSA: Wound related and one was a contaminated sample.	• Commenced work to ensure all wounds are reviewed and swabbed at time of admission. • Carry out a blood culture project to maintain correct procedures and ensure correct levels are obtained.	• Early identification of infections. • Reduction in contamination rate and better identification of infection.
C-difficile: Found to be unavoidable due to patients being treated with antibiotics for other infections.	• Commencing a review of C-difficile patients relating to the increase in use of high-risk antibiotics in the Trust. • Conducting quarterly thematic reviews of all cases.	• Raise awareness of antimicrobial stewardship. • To reduce case and improve practice.
Klebsiella: Two out of four of the bacteraemia were caused by urinary tract infections (UTIs).	• Integrated Care Board (ICB) review of gram-negative bacteraemia to be undertaken to review themes.	• Reduce number of infections.
	• Quarterly thematic reviews of all cases being undertaken by the Infection Prevention and Control (IPC) team.	• Identify areas for improvement and reduce infections.

Data

National Picture

Regional Picture



Indicator in Focus: Hospital Acquired Pressure Ulcers (HAPU)

Sherwood Forest Hospitals NHS Foundation Trust

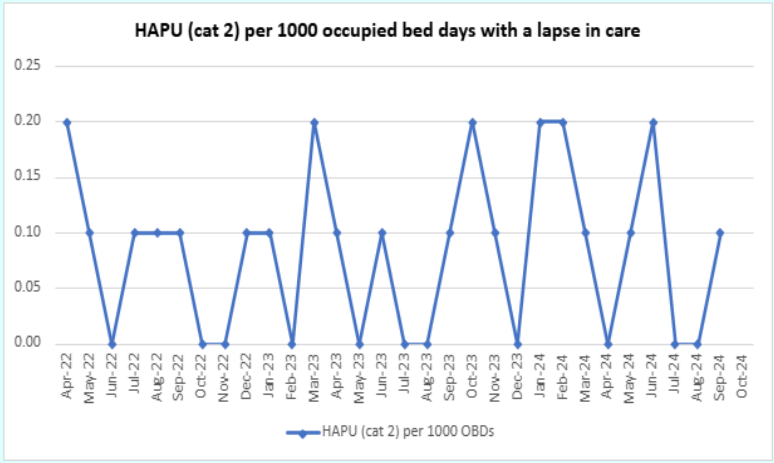
Overview and national position

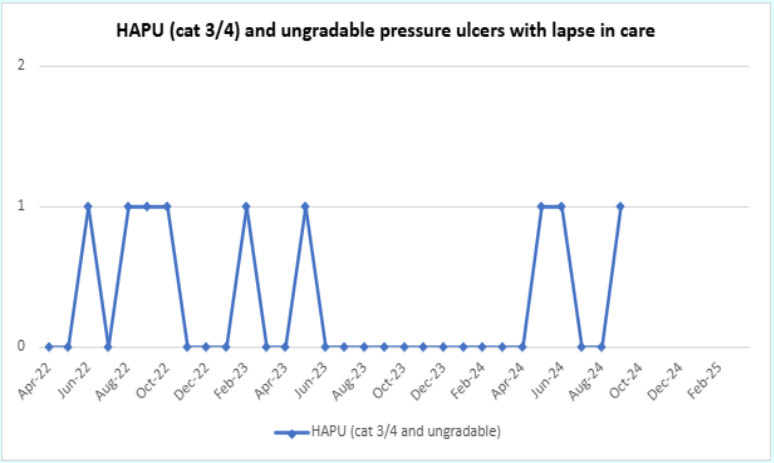
Pressure ulcers are in the 'top 10 harms' to patients (NHS England, 2024). Although there is no longer a national recommendation for identifying avoidable/unavoidable pressure damage, our position is that all Trust acquired pressure ulcers are investigated to identify learning.
Pressure ulcers are categorised as 'avoidable' where learning is identified or there is a lapse in care.
In 2024/25 quarter three, SFH has had two avoidable category three pressure ulcers:

- Ward 41 investigated new pressure damage on a patient's buttock who was admitted for general decline and chest sepsis, with pre-existing category four damage and osteomyelitis. A specialist air fluidised mattress was provided, which was found to be partially deflated on one occasion due to a missing cable.
- Short Stay Unit (SSU) have investigated bilateral heel category three damage to a patient with learning difficulties (LD). This gentleman had existing leg ulcerations to both lower legs, requiring bandaging. He had full time carers present during his admission.

Root causes	Actions and timescale	Impact
Ward 41: Despite regular skin checks being performed, these highlighted the presence of dressings to the existing ulceration; lapses found in recording his remaining skin condition. The investigation was unable to determine if the deflated mattress was a contributory factor.	• Ward leader is discussing identified lapses in skin checks with individual staff members involved. • Incident will be shared to facilitate learning by the Tissue Viability (TV) team within the 2025 Pressure Ulcer Prevention training for both Registered Nurses (RNs) and Healthcare Assistants (HCAs). Identified staff members from ward 41 are to attend this training. • Immediate learning from the incident has been shared with the ward team. • Ward 41 team did not have access to Orion to compare skin condition to previous photographs; this has been addressed, and the team can now access records	• Potential for similar incidents Trust-wide in inpatient areas. Learning to be shared from both incidents. Plans in place for the Tissue Viability team to present both incidents as case studies to facilitate learning Trust-wide.
SSU: Investigation found inconsistency and lack of skin checks to heels, inappropriate bandaging and no recorded dressing changes, delays in reporting and escalating damage once identified. The traffic light system for LD patients was not utilised.	• SSU Investigation is still ongoing; further information is to be added relating to lapses in use of the LD traffic light system. • Reflective statements have been requested from all RNs involved in this incident and the ward leader will consider file notes / further action according to responses. • Audits of pressure ulcer prevention documentation are ongoing with support from TV teams. • TV champions and identified staff members are to attend TV training on pressure ulcer prevention and leg ulcer management.	

Data





Indicator in Focus: Patient Safety Incident Investigations (PSII)

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

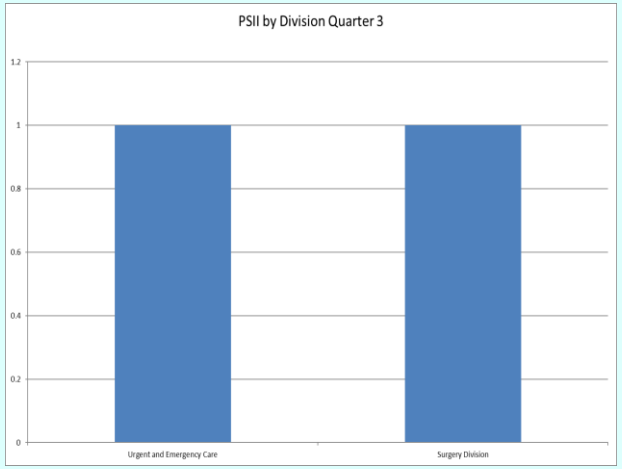
In line with SFH's Patient Safety Incident Response Plan during quarter three, two PSII's were commissioned by the Patient Safety Incident Response Group (PSIRG) following in-depth discussion during which the ICB were present.

PSII with potential coronial interest	MSNI investigation	Never Events
One of the patients have died and the case has been taken by the coroner. There is no inquest date listed at present.	None commenced	None reported in Quarter 3

During quarter three, there were four PSII's that were signed off and the key learning points were identified as follows:

1) Following concerns with management of sepsis, a PSII was completed which identified multiple actions including, sepsis training, information resources for employees, requirement for a medical sepsis lead and reviewing use of electronic handovers. It was agreed the full action plan would be monitored via Patient Safety Committee (PSC).
2) PSII completed following a theme of Mental Capacity Act (MCA) and Deprivation of Liberty (DoL) processes not being followed appropriately. There were multiple actions agreed; however, one key action was for the current provision for safeguarding services within SFH to be reviewed to provide a more comprehensive training programme, a robust audit and support to ward areas with patients with complex care needs. This will in turn support completion of the actions in relation to MCA and DoL documentation.
3) PSII completed and presented to the coroner in relation to abnormal results not being acted upon in a timely manner. Key Trust-wide generic learning included: A reconfiguration of how blood results are displayed on the ICE system is required to ensure results are grouped; and review the standard operating procedure (SOP) "Guidelines for telephoning abnormal results" to ensure staff groups who can receive urgent results are correct.
4) PSII completed in relation to an unexpected death linked with abnormal acute kidney injury (AKI) results not being identified during a resident doctor strike- this was presented to the coroner. Recommendations identified: 1)Review the "Patient 60 years and over Femur Fracture Multidisciplinary Integrated Care Pathway" booklet with a view to include a section for observations and bloods as is done on day one post-operation. 2) Future digital developments including the implementation of electronic patient records need to consider including the management and action for the receipt of abnormal clinical investigations.

Data



Root causes	Actions and timescale	Impact
Commissioned in Dec-24 following an unexpected cardiac arrest whereby there was a delay in obtaining an airway and utilising the defibrillator.	PSII commissioned, immediate learning identified: • Review defibrillator compatibility issues on Emergency Assessment Unit (EAU). • Safety communications regarding the equipment within EAU. • Clarify roles for cardiac arrests. • Learning around resuscitation trolleys to junior team.	PSII ongoing.
PSII commissioned following two incidents whereby there were concerns regarding documentation of surgical site.	PSII commissioner, immediate learning identified: • Communication to be sent to the team to include awareness for checking consent, imaging, carrying out the World Health Organisation (WHO) checklist, documentation and handovers.	PSII ongoing.

Indicator in Focus: Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indictor (SHMI)

NHS Sherwood Forest Hospitals NHS Foundation Trust

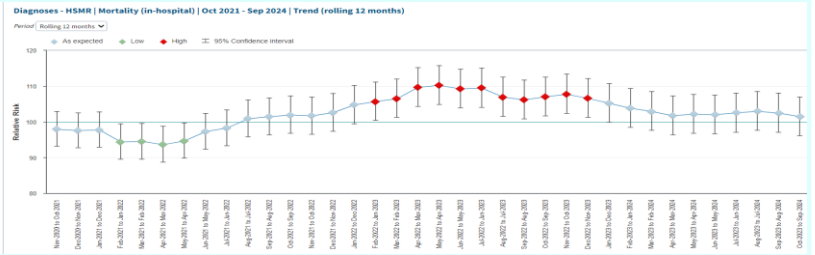
Overview and national position

HSMR+ (Plus) - Latest 12-monthly rolling = 101.4 (Oct 23 – Sept 24); (Q2 report HSMR 122.14). **Now as expected.**
As of Nov 2024, Telstra implemented revised methodology, HSMR+ (Plus), to provide a "more robust" and equitable benchmarking tool
SHMI - Latest reporting = 106.05 (Aug 23- Jul 24); (Q2 report 105.96). **Remains as expected.**

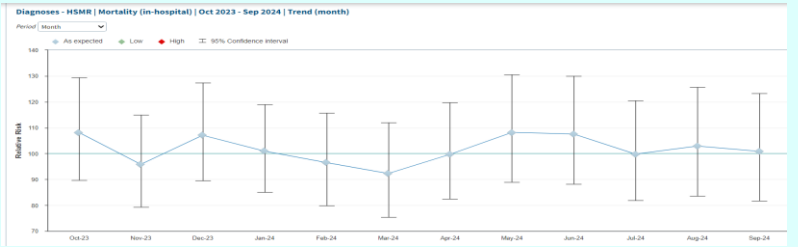
Root causes	Actions and timescale	Impact
Data Quality Timely diagnosis, documentation, coding, co-morbidity capture	• Focus on documentation, accuracy (in relation to coded entries) and communication. • Work continues to develop a culture of "change" in relation to timely diagnosis, signposting and management, with increased focus on 'Getting it Right First Time (GIRFT)' and post-take ward round senior-decision making. • Specific review of specialty coding entries to ensure accurate reflection of activity.	HSMR (+) figure will not, necessarily, reflect until 12 months after action commenced.
Patient Management and Flow Clinical pathways, management bundles and effective signposting.	• Continued emphasis on senior decision making to support timely and effective management. • Review of pathways and how decisions and flow / signposting impact management. • Targeted reviews, as part of the wider Learning from Deaths (LfD) process, to investigate/ understand outlier areas and identify Trust opportunities for improvement. Highlighted/deep-dive areas include Alcohol Liver Disease (ALD), Anaemia (deficiency) and Intestinal Infection.	As above; forms part of overall working approach Reporting aids discussion, learning and helps identify further action / escalation.
Palliative Care Coding **(**Remains low, nationally)	• SFH continues to report low Specialist Palliative Care (SPC) coding but the difference between trust and national / peers is showing a converging trend. With HSMR+ not adapting for SPC coding, the importance of a separate focus remains. • Discussions continue, with local SPC provider, to identify opportunities for improvement, alongside direct support for clinical teams.	SPC low activity compared to overall. Requires Trust & ICB resource / investment.
Learning from Deaths (LfD)	• LfD continues to be the forum by which trends and outliers are discussed and reviewed. • Wide internal representation (inc. divisional / clinical specialty) alongside close working with Telstra (data analytics / HSMR+), for benchmarking analysis, triangulation and learning/action. • Monthly meeting with Telstra to ascertain trends, outliers and need for further reviews.	Shared understanding and action with improved clinical engagement / ownership.
Data Intelligence and Benchmarking	• HSMR+ performance has followed a consistently lower trend than HSMR (-23.5pts average). • Crude rate continues to trend downwards; a similar trend with expected rates is under review. • Focus on re-identification, mortality reviews, reporting, patient segmentation, documentation. • The Trust are in the early stages of determining future 'benchmarking tool' requirements in the context of both Trust and wider / ICB opportunities.	Monitor HSMR+ over coming months to provide assurance of retrospective trends.
External peer review and Wider accountability	• Share mortality reporting and assurance measures with ICS colleagues to aid wider learning • Update presentation to Quality Committee (Nov 2024) including HSMR+ changes and impact • Awaiting next stage of quality dashboard development, hoped to summarise a range of key patient safety metrics.	Improved mortality review processes and understanding. Greater assurance and understanding.
Collaboration	• "Interface Workstream" in place to support developing collaborative relationships, wider understanding and promote pathways for future working, locally and on ICS footprint.	Whole pathway approach and system understanding.

Data

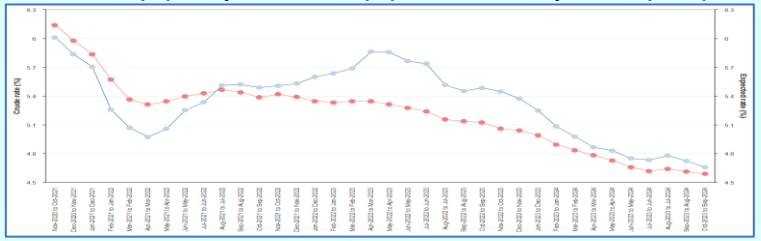
HSMR+ 3 yearly (12 month rolling) trend



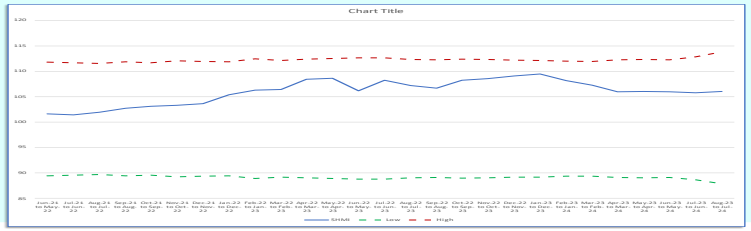
HSMR Single-Month Trend



Crude Rate (%) v Expected Rate (%) Oct 2021 – Sept 2024 (36m)



SHMI: Rolling 12 months (Latest- Aug 23-Jul 24)



Indicator in Focus: Still Birth Rate & Early Neonatal Deaths per 1000 live births

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

In 2024/25 quarter three, there were four stillbirths (one in Oct- 24 and three in Nov-24), and no early neonatal deaths. Each case received an individual review as outlined below and has been reported through the Perinatal Mortality Review Tool (PMRT) process where they will receive a further review. All cases were reported within the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) recommended timescales.

Stillbirths

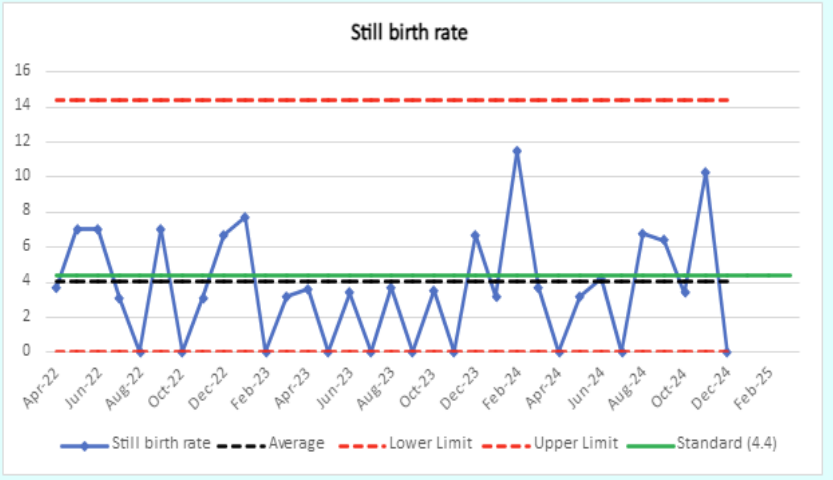
Oct-24:

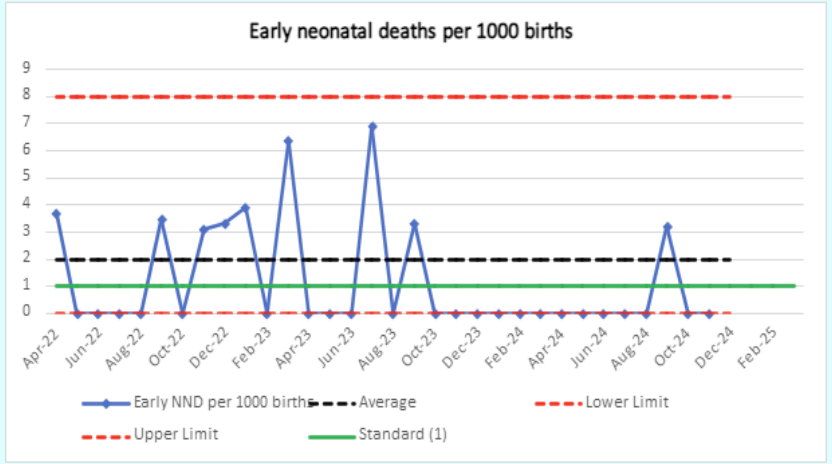
- Stillbirth at 24 weeks and four days gestation, attended triage with the first episode of altered fetal movements and unable to auscultate a fetal heart. No concerns were raised from parents or initial review.

Nov-24:

- Stillbirth at 28-week gestation, attended triage with a history of altered fetal movements for twenty-four hours, unable to auscultate a fetal heart. No concerns were raised.
- Stillbirth at 25 weeks and two days gestation, known oligohydramnios and intrauterine growth restriction, attended with altered fetal movements and no fetal heart present. Managed through the correct pathways with no initial concerns.
- Stillbirth at 27 week and three days gestation, attended triage with the first episode of altered fetal movements, unable to auscultate a fetal heart.

Data





Root causes	Early/ urgent learning identified	Impact
No early themes.	Review now to include postcode analysis to support depravation index analysis and any subsequent themes.	

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
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People and Culture

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Domain Summary: People and Culture

Overview	Lead: Director of People

It has been an extremely busy time across the hospital and within the ICS, with extra controls and governance mobilised at short notice to support our financial position for 2024/25. However, through 2024/25 quarter three we have noted positive performance across some People and Culture metrics. We are also finalising the development our People Strategy for 2025 to 2029.

Our planned whole time equivalent (WTE) position for Dec-24 shows that we are -0.9% (or -55.3 WTEs) under plan. We are over plan on substantive WTEs (+28.3 WTES) and under plan on Bank (-60.5 WTEs) and Agency (-23.0 WTEs). This variance is due to the Trust strategy on replacing 'temporary staffing' with substantive staff, which gives us more sustainability and lower costs across the workforce. We are projecting that we will deliver a position under plan for our total workforce numbers by Mar-25. Within our workforce efficiency programme, we are £1.82m over our plan for Dec-24 and are projecting an increase in the target from £13.9m to £17.0m.

Our Mandatory and Statutory Training (MaST) position is positive where we are continuing to report levels above the Trust standards. Vacancy and turnover rates sit below our standard. From Apr-24 to date, we have used zero 'off framework' agency. Appraisal levels in quarter three were 88.2%, marginally below the Trust target (90%). We have undertaken an audit around appraisals where we have received a high assurance level.

Over quarter three our sickness absence level is reported at 5.8% (2024/25 quarter two was 4.6%); this sits higher than Trust target (4.2%) and between the upper and lower statistical process control levels. During quarter three, have noted increases within staff reporting absence for cold, cough and influenza (5.3% increase) and in chest & respiratory problems (1.5% increase).

Our staff influenza vaccination take up is reported at 47.1%. This is lower than in previous years (55.9% in Dec-23), however we compare favourably to national NHS figures; 38.8% of eligible healthcare workers nationally having had an influenza vaccine.

Employee relations cases over the quarter have remained high (monthly average of 19); a marginal decrease from quarter two (20). This sits above our target (17), but within the statistical process control limits. The Trust has seen several formal disciplinary cases being concluded in quarter three.

We monitor our agency levels frequently. The reduction of this level is aligned with some of our efficiency programmes. Our current agency position for quarter three is reported at 3.5%, and for Dec-24 this is reported at 3.2%. When we exclude Elective Recovery Fund (ERF) schemes from the agency level, this reduces to 2.6%. Over the quarter we have seen zero 'off framework' workers. This reduction follows amended agency rules that came into force from Jul-24. During quarter three, 45.4% of total agency shifts filled were 'on framework' staff, but above the recommended NHS England price cap. During quarter three, significant work has commenced that aligns to our efficiency programme. This is outside our target and the NHSE expectation (40%). However, the work we have commenced is showing positive signs, and we are planning to hit this target by Mar-25.

The following pages contain more detailed performance information across the people and culture domain.

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Scorecard: People and Culture

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	Oct-24	Nov-24	Dec-24	2024/25 Qtr 3	2024/25 YTD
Belonging in the NHS	Engagement score	≥6.8%	≥6.8%	-	-	-	✓ 6.9	-	-	-	✓ 6.8	-	-	-	✓ 6.8	-	-	-	-	✓ 6.8
Growing the Future	Vacancy rate	≤8.5%	≤8.5%	✓ 5.1%	✓ 4.7%	✓ 4.5%	✓ 4.7%	✓ 8.2%	✓ 8.0%	✓ 8.1%	✓ 8.1%	✓ 8.4%	✓ 7.7%	✓ 7.4%	✓ 7.9%	✓ 8.4%	✓ 8.3%	✓ 8.1%	✓ 8.3%	✓ 8.1%
	Turnover in month	≤0.9%	≤0.9%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.5%	✓ 0.3%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.4%	✓ 0.5%	✓ 0.7%	✓ 0.5%	✓ 0.5%
	Appraisals	≥90%	≥90%	✗ 88.9%	✗ 88.3%	✗ 87.8%	✗ 88.3%	✗ 88.5%	✓ 90.1%	✗ 88.8%	✗ 89.1%	✓ 90.3%	✓ 90.0%	✗ 89.7%	✓ 90.0%	✗ 88.8%	✗ 86.9%	✗ 88.8%	✗ 88.2%	✗ 89.1%
	Mandatory & statutory training	≥90%	≥90%	✓ 91.0%	✓ 91.0%	✓ 92.0%	✓ 91.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.4%	✓ 91.3%	✓ 90.9%	✓ 91.2%	✓ 90.9%	✓ 90.7%	✓ 91.8%	✓ 91.1%	✓ 91.1%
Looking after our People	Sickness absence	≤4.2%	≤4.2%	✗ 5.0%	✗ 4.7%	✗ 4.3%	✗ 4.6%	✗ 4.3%	✗ 4.4%	✗ 4.7%	✗ 4.4%	✗ 4.9%	✗ 4.2%	✗ 4.7%	✗ 4.6%	✗ 5.6%	✗ 5.7%	✗ 6.1%	✗ 5.8%	✗ 4.9%
	Total workforce loss	≤7.0%	≤7.0%	✗ 7.3%	✓ 6.9%	✓ 6.4%	✓ 6.9%	✓ 6.4%	✓ 6.4%	✓ 6.8%	✓ 6.5%	✓ 6.9%	✓ 6.3%	✓ 6.7%	✓ 6.6%	✗ 7.6%	✗ 7.8%	✗ 8.1%	✗ 7.8%	✓ 7.0%
	Flu vaccinations uptake (front line staff)	≥80%	≥75%	58.0%	58.0%	-	58.0%	-	-	-	-	-	-	-	-	35.3%	43.6%	47.1%	47.1%	47.1%
	Employee relations management	<12	<17	✗ 20	✗ 17	✗ 21	✗ 19	✗ 20	✗ 23	✓ 15	✗ 19	✗ 20	✗ 20	✗ 21	✗ 20	✗ 19	✗ 20	✗ 18	✗ 19	✗ 20
New Ways of Working	Bank usage			8.8%	7.7%	10.8%	9.1%	8.3%	10.3%	9.3%	9.3%	9.8%	10.3%	8.1%	9.4%	7.3%	7.8%	9.1%	8.0%	8.9%
	Agency usage	<3.7%	<3.2%	✗ 5.2%	✗ 4.7%	✗ 4.2%	✗ 4.7%	✗ 4.6%	✗ 4.6%	✗ 4.7%	✗ 4.6%	✗ 5.1%	✗ 4.2%	✗ 3.4%	✗ 4.2%	✗ 3.6%	✗ 3.7%	✓ 3.2%	✗ 3.5%	✗ 4.1%
	Agency (off framework)	≤6.0%	0%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✗ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	0.0%
	Agency (over price cap)	≤30.0%	≤40.0%	✗ 54.6%	✗ 47.4%	✗ 54.4%	✗ 52.0%	✗ 55.1%	✗ 55.6%	✗ 59.7%	✗ 57.1%	✗ 60.3%	✗ 53.6%	✗ 55.5%	✗ 56.4%	✗ 45.1%	✗ 43.1%	✗ 47.9%	✗ 45.4%	✗ 53.1%

Indicator in Focus: Appraisals

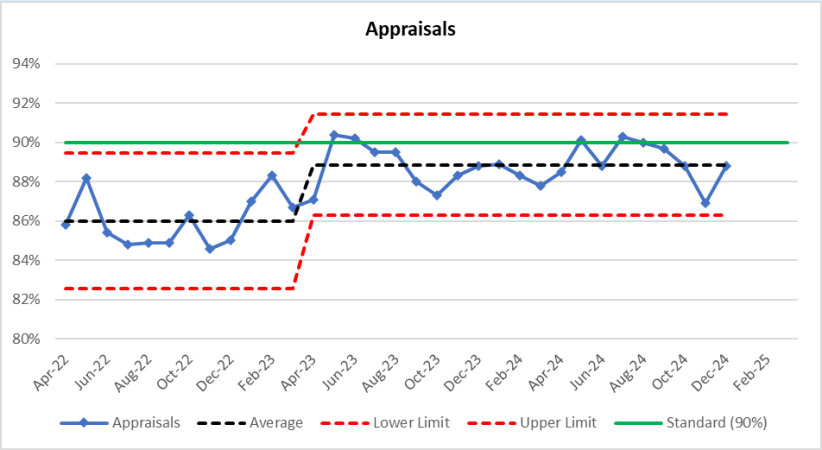
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

Our appraisal level sits below the Trust target (90%). Over 2024/25 quarter three the compliance levels ranged from 86.9% to 88.8% which is standard process variation as shown on the adjacent statistical process control chart. Our year-to-date average performance is 89.1%.

Local benchmarking shows that the ICB provider appraisal level is reported at 83.1% (Nov-24). The NHS Corporate Benchmarking exercise indicates that over 2023/24 our appraisal compliance is in the upper quartile. The national median is reported at 81.6%, with the upper quartile performance at 86.9%.

Data



Root causes	Actions and timescale	Impact
Patient demand and hospital acuity has impacted on compliance.	• Service lines with low appraisal rates are supported to develop trajectories for improvement. • In addition, service lines are sighted on non-compliance rates and assurance is sought via monthly service line performance meetings. This is in addition to monthly People and Performance review meetings within each department.	• Appraisal compliance levels to gradually increase, with an ambition to see levels of 90%.
In some instances, we have received feedback that managers have raised concerns on how to report appraisals via the Electronic Staff Record (ESR).	• Training and coaching managers on how to enter appraisals onto ESR is in place along with 'A how to' video guide to support our written user guidance.	

Indicator in Focus: Sickness Absence

Sherwood Forest Hospitals NHS Foundation Trust

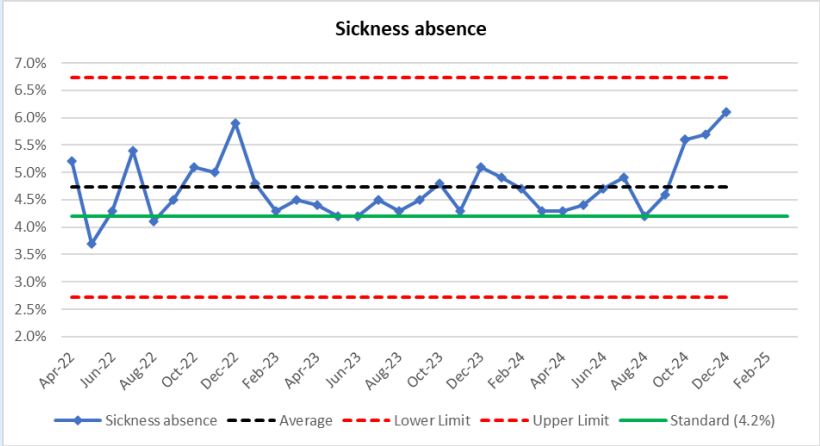
Overview and national position

During 2024/25 quarter three our overall sickness absence level was 5.8%. This sits above our target standard (4.2%). During the quarter, a gradual increase in the level is noted. The position for Dec-24 is reported at 6.1%. Our position for quarter three sits between the upper and lower statistical process control levels.

Between quarters two and three, we have noted increases with staff reporting absences related to Cold, Cough, Influenza (5.3% increase) and in Chest & Respiratory problems (1.5% increase).

Local benchmarking shows that the Integrated Care Board (ICB) provider sickness absence level is reported at 6.3% (Dec-24).

Data



Root causes

Our sickness level is reflective of the acuity of the hospital, including being on a high Operational Pressures Escalation Level (OPEL) and at times implementing our Full Capacity Protocol (FCP).

We are noting an increase in length of absences due to the impact of NHS waiting and treatment times.

Actions and timescale

- All services are supported with one-to-one support from the Divisional People Lead teams with sickness absence management on a case-by-case basis and in line with policy where we will be re-focusing on fundamentals.
- A person-centred approach is taken in relation to sickness absence management.
- Sickness absence key performance indicators are monitored through People and Performance meetings, Service Line meetings and via Divisional Performance Reviews (DPRs).
- We have completed a deep dive into sickness that has been reviewed at our People Committee, within this will be an associated action plan is being developed for divisions that will be monitor via DPRs and People Cabinet.

Impact

- We actively manage sickness cases through a person-centred approach and are aware of outside influences that are contributing to an elevated sickness level.

Indicator in Focus: Flu Vaccinations

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

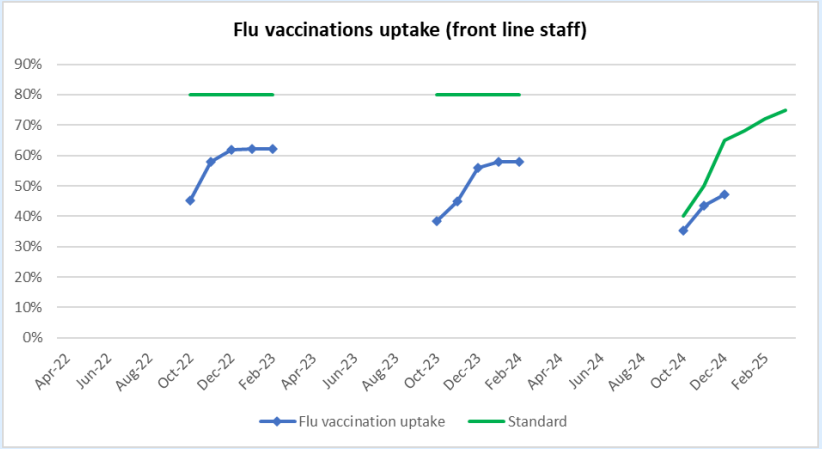
Our Staff Flu take up is reported at 47.1%, it is acknowledged that this is lower than in previous years (55.9% in Dec-23). Nationally the NHS is reporting lower figures with 38.8% of eligible healthcare workers having had a flu vaccine.

In the Midlands region the average uptake is 35.9% with SFH ranking 7th of 40 for highest uptake on 31 Dec-24. We have the highest uptake of providers across Nottinghamshire. In general, those with a higher uptake are smaller organisations with few exceptions.

We are actively promoting Flu vaccinations and linked this into Health and Wellbeing campaigns, aligned to the keeping well during winter programmes. The Occupational Health (OH) and Peer Vaccinator teams will continue to offer staff access to a flu vaccine up to the end of Mar-25 and the ICS Mobile Vaccine Unit will continue offering vaccines throughout Jan-25.

Recent surveys undertaken by our Communications team suggests colleagues are aware of how to get the vaccine and its importance; however, with the low uptake work is planned at SFH to understand why staff are choosing not to have the flu vaccination. The OH service is supporting a colleague undertaking masters level research to explore this. There is also potential for support from a Public Health Consultant from Nottinghamshire County Council to explore this issue.

Data



Root causes	Actions and timescale	Impact
Across the Trust we are actively promoted flu vaccinations and linking this into our Health and Wellbeing campaigns, which are aligned to our keeping well during winter programmes. Verbal reports from regional Occupational Health colleagues echoes the experience currently at SFH. Low staff engagement with flu vaccination which is mirrored by the national picture.	• Flu vaccine continues to be offered to all attendees to the Occupational Health department and the Peer Vaccinator teams continue to undertake roving clinics taking vaccination direct to staff in clinical areas. • We will also be reviewing where we have low compliance over differing lenses, so we can further target hard to reach groups. • Staff who receive their flu vaccine outside of SFH will have their vaccine added to the total at the end of the programme. Currently around 150 staff have notified the OH team to this effect.	• Increase vaccine uptake to reduce infection and spread across our workforce and our patients.

Indicator in Focus: Employee Relations Management

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

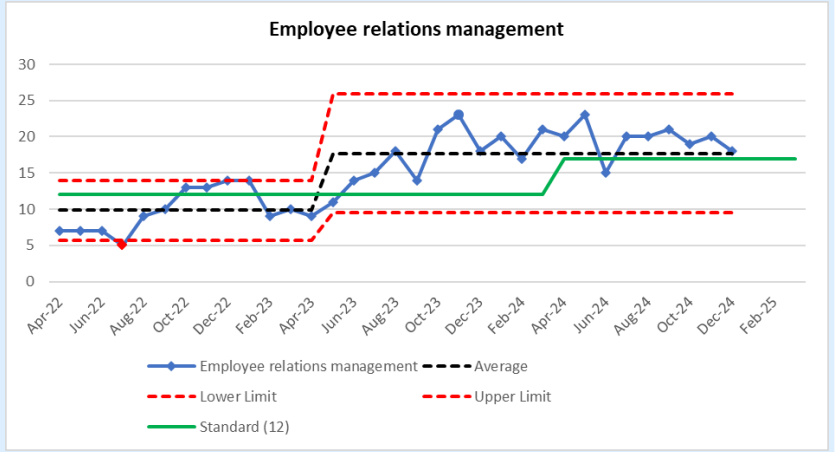
During 2024/25 quarter three the employee relations level has fluctuated between 18 and 20 cases, with the average of quarter three being 19 cases. The increased level of employee relations has primarily been related to formal disciplinary processes.

There are several other cases which have proceeded under a Some Other Substantial Reason (SOSR) process. These cases relate to safeguarding concerns, which are of a sensitive nature and/or where there has been third party involvement. This includes colleagues working under Agenda for Change and Medical and Dental terms and conditions. Continued actions are being put in place to ensure training and support is put in place for all colleagues involved in employee relations matters.

SFH is not an outlier in relation to employee relations casework, with other organisations reporting an ongoing increase in employee relations case management.

The 2023/24 NHS Corporate Benchmarking exercise reports our employee relation cases at 7.2 cases per 1000 headcount. This ranks us within the second quartile, with the national median being 9.5 cases; the lower quartile being between 6.6 and the upper quartile 16.7 cases.

Data



Root causes

The Trust has seen several formal disciplinary cases being concluded between Oct-24 and Dec-24, as a result, there has been an increase in the number of appeals. This increase in appeals was anticipated.

Disciplinary investigations are the key employee relations reason within the quarter.

Actions and timescale

- All cases are managed using Just Culture Principals and take a person-centred approach with additional training taking place.
- Partnership working continues with Staff Side representatives, Clinical colleagues and People Directorate colleagues in management of cases.
- Enhanced wellbeing support has been developed to support colleagues who are part of any employee relations process.
- Person-centred approach is in place in relation to Sickness Absence management.
- Re-emphasis on an informal resolution to incidents, concerns and adverse events, where possible.

Impact

- The work we undertake supports our workforce as are we move into 2024/25 quarter four. We do not expect this to reduce immediately.

Indicator in Focus: Agency Usage (including off framework and over price cap)

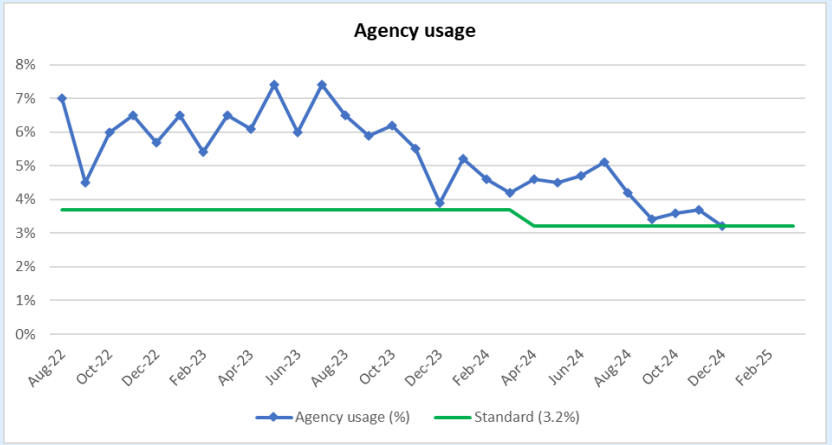
Sherwood Forest Hospitals NHS Foundation Trust

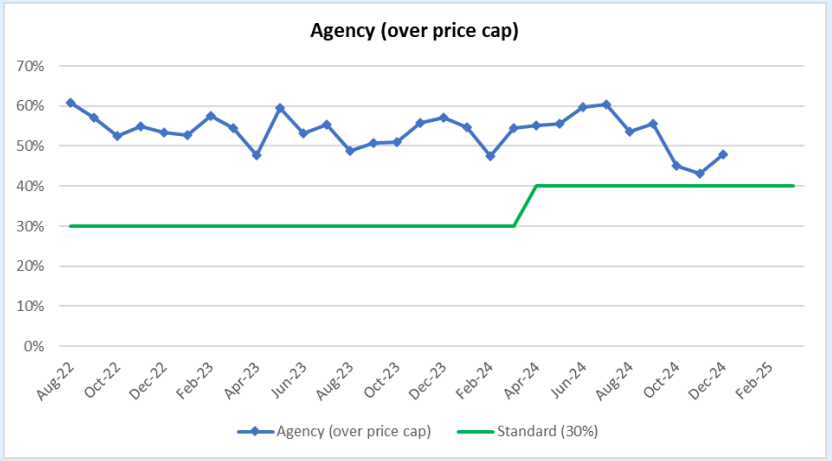
Overview and national position

Our current agency position for 2024/25 quarter three is reported at 3.5%, and for Dec-24 this is reported at 3.2%. When we exclude Elective Recovery Fund (ERF) schemes from the agency level this reduces to 2.6%. We have modelled this with plans over the 2024/25 period to sit around the NHS planning guidance and our target of 3.2%.

We are noting a gradual reduction to our 'on framework, over price cap' position, within quarter three we are reporting 45.4%, which shows a decrease from quarter two (56.4%). The reduction is aligned to our workforce efficiency programmes and the work we are undertaking on the 'on framework, over price cap', as key reductions in over price cap support reductions to the overall agency target.

Data





Root causes	Actions and timescale	Impact
As the data informs us, our biggest risk is medical and dental staff over the NHS England price cap; these are also impacted by some of our fragile services were there are national speciality shortages.	• During 2024/25 we have continued the significant work to reduce reliance on agency usage and support the financial recovery challenge.	• We have been actively filling medical roles and have had success in some key specialities, reductions are noted across the 2024/25 period.
	• We continue to advertise and fill medical posts, which has gradually reduced our agency level. We organise medical speciality groups where there is a focus on agency spend and vacancies, with a view to support our service lines in filling these roles substantively, if not moving staff, where possible, on to direct engagement contracts.	• Over the 2024/25 period, we are focusing on medical staff who are 'on framework', but over the NHS England price cap and are developing plans to exit these agency workers and replace with substantive roles.
	• A strict authorisation process for approval of shifts for Thornbury has been implemented in Nursing. Detailed reports illustrating areas using all agency, with Thornbury highlighted, are produced for the Deputy Chief Nurse.	

Outstanding Care,
Compassionate People,
Healthier Communities

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Timely Care

Outstanding Care,
Compassionate People,
Healthier Communities

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NHS Foundation Trust

Domain Summary: Timely Care

Overview	Lead: Chief Operating Officer

We continued to experience demand pressures on our urgent and emergency care pathway. These demand pressures were driven by 3% more ambulance arrivals and over 7% more Accident and Emergency (A&E) attends than the previous year across quarter three; exceeding the planned level of growth of 0.6%. The growth seen at Sherwood Forest Hospitals NHS Foundation Trust (SFH) is greater than the regional and national position. Our type one A&E attendance growth is upper quartile nationally (amongst the highest in the country); this growth is a real terms increase and is not driven by any counting or coding changes. As observed by the Nottingham and Nottinghamshire System Analytical Intelligence Unit (SAIU), there has been non-elective activity shift during 2024 between Nottingham University Hospitals NHS Trust (NUH) and SFH with more patients attending King's Mill Hospital (KMH) at SFH instead of Queen's Medical Centre (QMC) at NUH. A large part of the demand growth in mid-Nottinghamshire is accounted for by patients with digestive and respiratory infections and injuries. Nationally, this winter has been more challenging than last in terms of influenza with very high rates in December 2024. Benchmark ambulance handover performance is top of the second quartile nationally.

The demand pressures have placed continuous strain on our Emergency Department (ED) and our hospital inpatient bed base which has caused a deterioration during the quarter across several performance metrics including ambulance handover times, 4-hour emergency access and the percentage of patients with a stay in our ED of greater than 12 hours. Our staff have worked relentlessly to care for patients in as timely and dignified manner as possible in very challenging circumstances. Many of the challenges have been publicised in the media as we have worked hard to convey a clear message to our local population that our services are under pressure and to attend ED only when clinically necessary. Our local system partners have worked together well to maintain relatively low levels of Medically Safe for Transfer (MSFT) patients in our hospitals. Low MSFT patient numbers have been essential to maintain hospital patient flow and full capacity protocol actions have been in place to ensure the clinical risk is shared across the Trust.

In quarter three, we have continued to reduce the incomplete Referral to Treatment (RTT) waiting list and the number of 52-week waits. Our 65-week waits have now reduced to circa 40. We are slightly off plan on all three metrics, in part driven by the support we are offering across the system, together with the need to prioritise cancer pathways. We continue to work together as a system with patients being transferred between providers to support equity of access. Our diagnostics DM01 performance continues to improve significantly and is now 89.8%, the highest level since Dec-21, and has brought us mid-pack nationally (after being in the lowest quartile earlier in 2024). Our Echocardiography position has improved significantly and is now ahead of plan, largely due to insourcing that has gradually helped us to reduce the significant 6-week backlog. In early Jan-25, national guidance around reforming elective care was released. Within this guidance, there is a return of focus on the incomplete 18-week RTT metric with a drive for national performance to achieve 65%. Whilst we do not presently report this metric to Trust Board; we track it at our Planned Care Steering Group and will reintroduce it to this report for 2025/26. Our 18-week RTT position in Dec-24 was 63%, which means our target next year will be a 5% increase. Our national position for 18-weeks is in the top 35% of Trusts in England (middle of the second quartile).

In outpatients, activity levels remain strong and favourable to plan for outpatient follow ups and procedures. We consistently exceed the 5% Patient Initiated Follow Up (PIFU) target and benchmark within the top quartile of trusts nationally. Advice and guidance performance remains well above target and stable over a long period of time.

In terms of our Cancer metrics, we continue our strong delivery of the national 28-day faster diagnostic standard, exceeding the national standard. We fell below plan in Nov-24 for the cancer 31-day standard for the first time this financial year due to challenges in our Breast service (plans are in place to improve oncology capacity and theatre scheduling). While we are behind our planning trajectory for the cancer 62-day treatment standard, in Nov-24 we were very close to meeting the 70% interim standard, and we are better than the England average position for the cancer 62-day standard.

The following pages contain more detailed performance information across the timely care domain.

Outstanding Care,
Compassionate People,
Healthier Communities

NHS
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Scorecard: Timely Care

Timely Care

Green tick = target met/exceeded; Red cross = target not met

Green tick = Best performing 40%
Amber dash = Middle performing 20%
Red cross = Worst performing 40%

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	Oct-24	Nov-24	Dec-24	2024/25 Qtr 3	2024/25 YTD	Latest Benchmark Position (Nov 24)
Urgent Care	Ambulance turnaround times <30 mins	≥95%	≥95%	✓ 95.6%	✗ 93.9%	✗ 94.6%	✗ 94.7%	✓ 96.6%	✓ 96.5%	✓ 95.1%	✓ 96.1%	✓ 95.6%	✓ 96.8%	✗ 93.5%	✓ 95.3%	✗ 93.7%	✗ 87.4%	✗ 80.6%	✗ 87.1%	✗ 92.8%	✓ 32 / 176
	Ambulance delays >60 mins	0.0%	0.0%	✗ 0.2%	✗ 0.2%	✗ 0.5%	✗ 0.3%	✗ 0.2%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.2%	✗ 0.2%	✗ 0.1%	✗ 1.7%	✗ 2.5%	✗ 1.5%	✗ 0.6%	✓ 43 / 176
	ED 4-hour performance	≥76%	≥76%	✗ 65.7%	✗ 63.6%	✗ 72.2%	✗ 67.3%	✗ 74.2%	✗ 73.4%	✗ 70.9%	✗ 72.8%	✗ 71.7%	✓ 82.0%	✗ 73.6%	✗ 75.6%	✗ 69.2%	✗ 66.5%	✗ 61.7%	✗ 65.8%	✗ 71.4%	✗ 94 / 141
	ED 12-hour length of stay performance	≤2%	≤2%	✗ 5.5%	✗ 5.1%	✗ 3.1%	✗ 4.5%	✗ 3.1%	✗ 2.2%	✗ 2.3%	✗ 2.5%	✗ 2.9%	✓ 0.9%	✗ 3.0%	✗ 2.3%	✗ 3.9%	✗ 4.8%	✗ 6.3%	✗ 5.0%	✗ 3.3%	✓ 59 / 176
	SDEC rate	≥33%	≥33%	✓ 38.3%	✓ 38.1%	✓ 37.8%	✓ 38.1%	✓ 38.2%	✓ 37.7%	✓ 38.6%	✓ 38.2%	✓ 38.1%	✓ 41.3%	✓ 39.0%	✓ 39.4%	✓ 40.0%	✓ 39.4%	✓ 36.8%	✓ 38.7%	✓ 38.8%	– 94 / 177
	Adult G&A bed occupancy	≤92%	≤92%	✗ 97.9%	✗ 97.8%	✗ 96.5%	✗ 97.4%	✗ 93.6%	✗ 94.8%	✗ 94.7%	✗ 94.4%	✗ 95.5%	✗ 92.2%	✗ 93.8%	✗ 93.9%	✗ 95.4%	✗ 94.7%	✗ 94.8%	✗ 94.9%	✗ 94.4%	– 93 / 177
	Long length of stay (21+) occupied beds	≤Plan	≤Plan	✗ 116	✗ 116	✗ 107	✗ 116	✗ 124	✓ 96	✓ 91	✓ 110	✓ 102	✓ 105	✓ 103	✓ 104	✓ 96	✓ 97	✓ 106	✓ 100	✓ 102	
	Inpatients medically safe for transfer for greater than 24 hours	≤40	≤40	✗ 93	✗ 105	✗ 101	✗ 98	✗ 91	✗ 64	✗ 71	✗ 75	✗ 84	✗ 65	✗ 57	✗ 69	✗ 57	✗ 56	✗ 59	✗ 57	✗ 67	
Electives	Advice & guidance	≥16%	≥16%	✓ 24.3%	✓ 27.3%	✓ 25.4%	✓ 25.6%	✓ 24.5%	✓ 25.8%	✓ 22.0%	✓ 24.1%	✓ 25.2%	✓ 24.6%	✓ 22.3%	✓ 24.0%	✓ 24.7%	✓ 23.9%	✓ 24.4%	✓ 24.3%	✓ 24.1%	
	Added to Patient Initiated Follow Up (PIFU) pathway	≥5%	≥5%	✓ 5.7%	✓ 5.6%	✓ 5.3%	✓ 5.5%	✓ 6.0%	✓ 5.9%	✓ 5.9%	✓ 5.9%	✓ 6.2%	✓ 6.1%	✓ 6.3%	✓ 6.2%	✓ 6.0%	✓ 5.9%	✓ 6.1%	✓ 6.0%	✓ 6.0%	✓ 14 / 135
	Outpatient attends that are first or follow up with a procedure		≥Plan	43.2%	43.7%	43.8%	43.5%	✗ 43.3%	✗ 40.7%	✗ 43.9%	✗ 42.6%	✗ 42.2%	✗ 42.9%	✓ 43.1%	✗ 42.7%	✗ 41.5%	✗ 41.5%	✗ 41.1%	✗ 41.4%	✗ 42.2%	
	Incomplete RTT waiting list	≤Plan	≤Plan	✗ 52,377	✗ 50,534	✗ 50,757	✗ 50,757	✗ 36,584	✗ 35,858	✗ 35,720	✗ 35,720	✗ 35,251	✗ 35,165	✗ 35,507	✗ 35,507	✗ 35,440	✗ 34,538	✗ 34,147	✗ 34,538	✗ 34,538	
	Incomplete RTT pathways +52 weeks	≤Plan	≤Plan	✗ 1,759	✗ 1,662	✗ 1,591	✗ 1,591	✓ 1,312	✓ 1,162	✓ 1,177	✓ 1,177	✓ 1,080	✗ 1,019	✗ 870	✗ 870	✗ 786	✗ 709	✗ 569	✗ 709	✗ 709	– 63 / 155
	Incomplete RTT pathways +65 weeks	≤Plan	≤Plan	✗ 399	✗ 347	✗ 157	✗ 157	✓ 140	✓ 129	✓ 109	✓ 109	✓ 77	✗ 105	✗ 50	✗ 50	✗ 44	✗ 36	✗ 40	✗ 36	✗ 36	– 88 / 155
	Incomplete RTT pathways +78 weeks	0	0	✗ 17	✗ 12	✗ 5	✗ 5	✗ 2	✗ 1	✓ 0	✓ 0	✗ 2	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1 / 155
Diagnostics	Diagnostic DM01 backlog			3,659	3,344	3,430	3,430	3,569	3,584	3,861	3,861	4,295	3,634	2,558	2,558	1,427	989	945	945	945	
	Diagnostic DM01 performance under 6-weeks	≥99%	≥Plan	✗ 62.8%	✗ 68.1%	✗ 70.5%	✗ 70.5%	✓ 71.6%	✓ 72.7%	✗ 70.5%	✗ 70.5%	✗ 69.5%	✗ 70.2%	✗ 76.3%	✗ 76.3%	✓ 85.6%	✓ 89.8%	✓ 89.4%	✓ 89.4%	✓ 89.4%	– 69 / 135
Cancer	Cancer 28-day faster diagnosis standard	≥75%	≥75%	✓ 76.0%	✓ 82.9%	✓ 82.6%	✓ 80.6%	✓ 75.3%	✓ 79.8%	✓ 79.2%	✓ 78.2%	✓ 81.6%	✓ 81.6%	✓ 78.2%	✓ 80.5%	✓ 79.9%	✓ 78.4%	-	✓ 79.2%	✓ 79.3%	– 70 / 133
	Cancer 31-day treatment performance	≥96%	≥Plan	✗ 73.2%	✗ 80.0%	✗ 90.4%	✗ 81.4%	✓ 89.8%	✓ 87.5%	✓ 88.3%	✓ 88.6%	✓ 95.0%	✓ 91.1%	✓ 95.0%	✓ 93.8%	✓ 94.3%	✗ 89.8%	-	✗ 91.9%	✓ 91.3%	✗ 104 / 133
	Cancer 62-day treatment performance	≥85%	≥Plan	✗ 56.5%	✗ 54.7%	✗ 69.2%	✗ 60.4%	✓ 71.8%	✗ 56.3%	✓ 70.3%	✗ 66.1%	✗ 71.4%	✓ 67.9%	✗ 61.2%	✗ 67.0%	✗ 66.1%	✗ 69.7%	-	✗ 68.0%	✗ 66.9%	✗ 86 / 133
	Suspected cancer patients waiting over 62-days			88	57	59	59	100	80	81	81	75	99	95	95	98	86	92	92	92	

Notes:

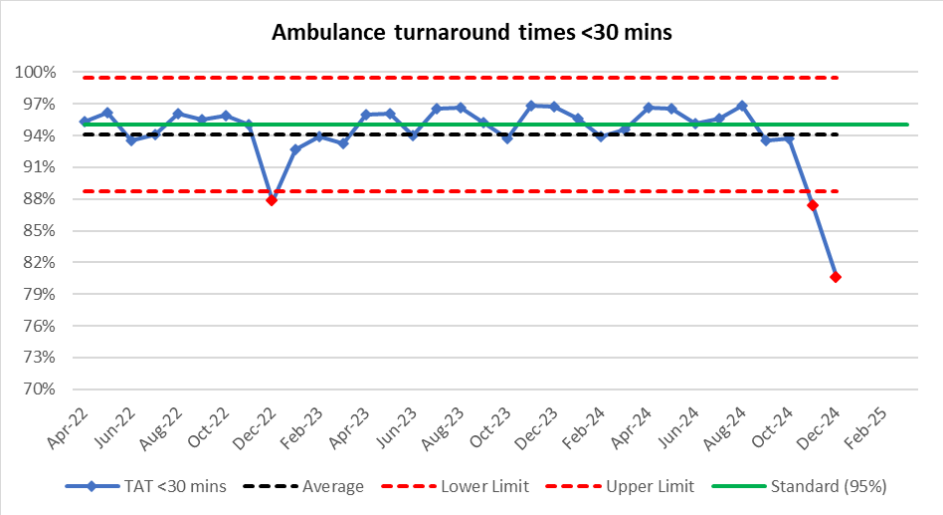
(1) Within the reported cancer treatment standards, we have aligned our reporting to match with the national cancer waiting time standards which remove auto upgrades. The reported position for the last two months for the cancer treatment standards can move as provisional cancer waiting time data is validated. We align the reported position in the Integrated Performance Report to the national reported position.

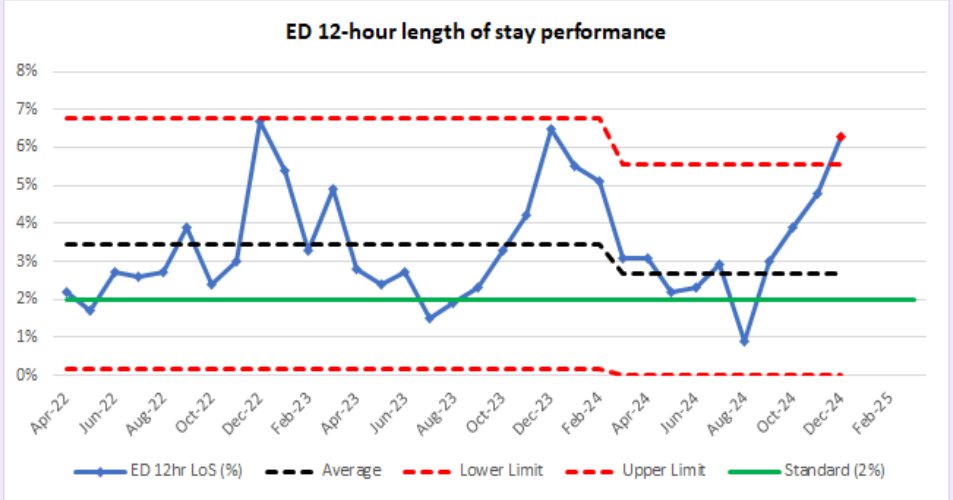
(2) As part of the IPR annual review undertaken in 2024/25 quarter one, we agreed to add benchmarking data to the timely care domain in the quarter two report. This has been added to the above scorecard and referenced as appropriate in the following pages.

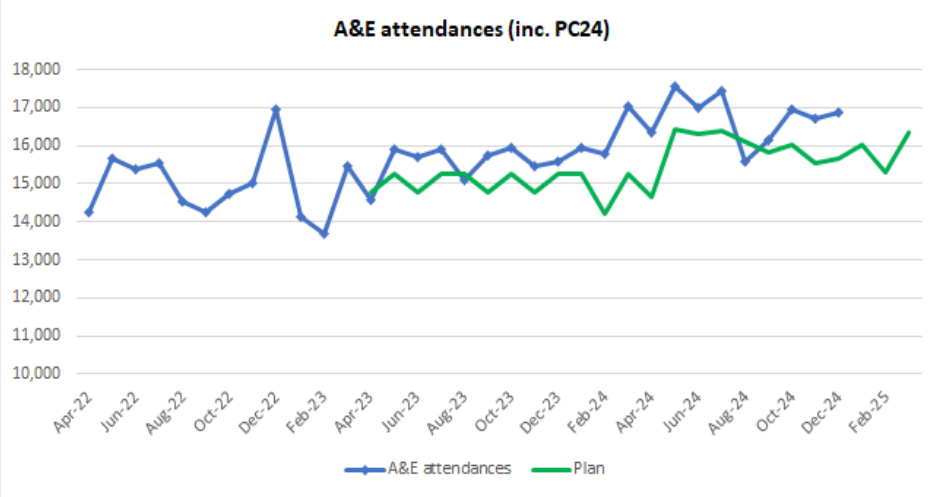
Indicators in Focus: Urgent Care – A&E (1/3)

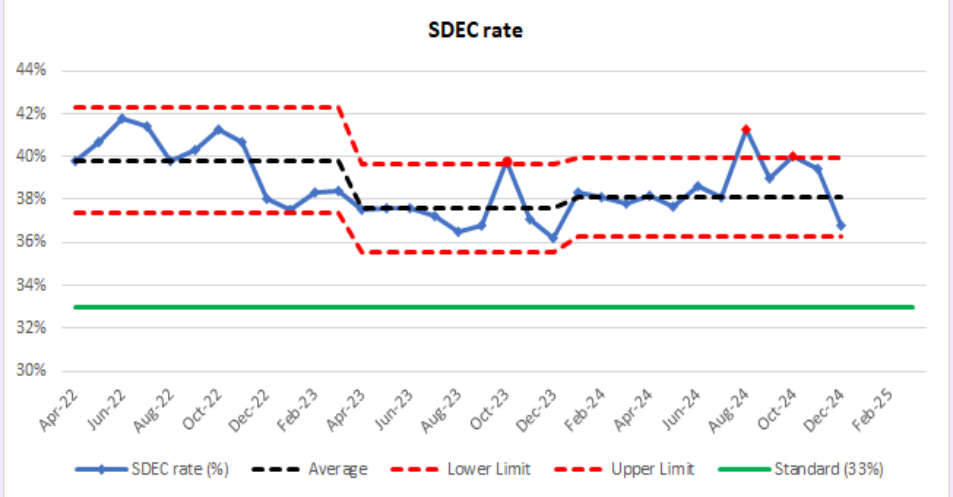
Sherwood Forest Hospitals NHS Foundation Trust

Data





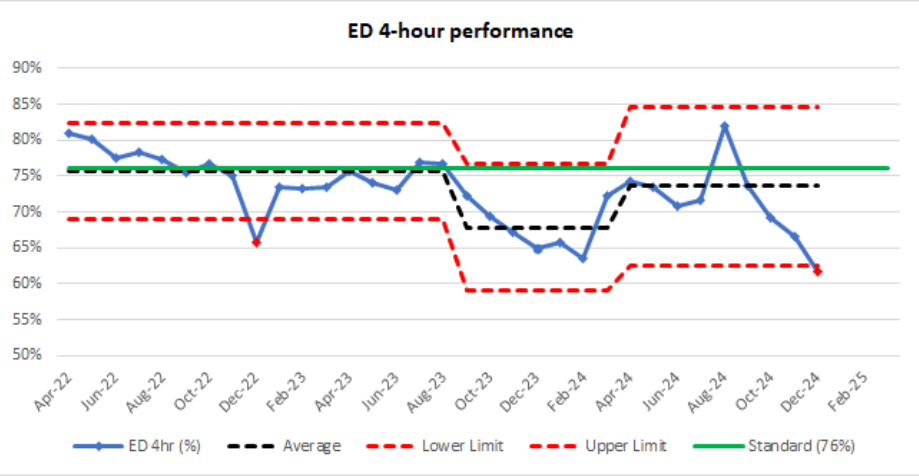




Indicators in Focus: Urgent Care – A&E (2/3)

Sherwood Forest Hospitals NHS Foundation Trust

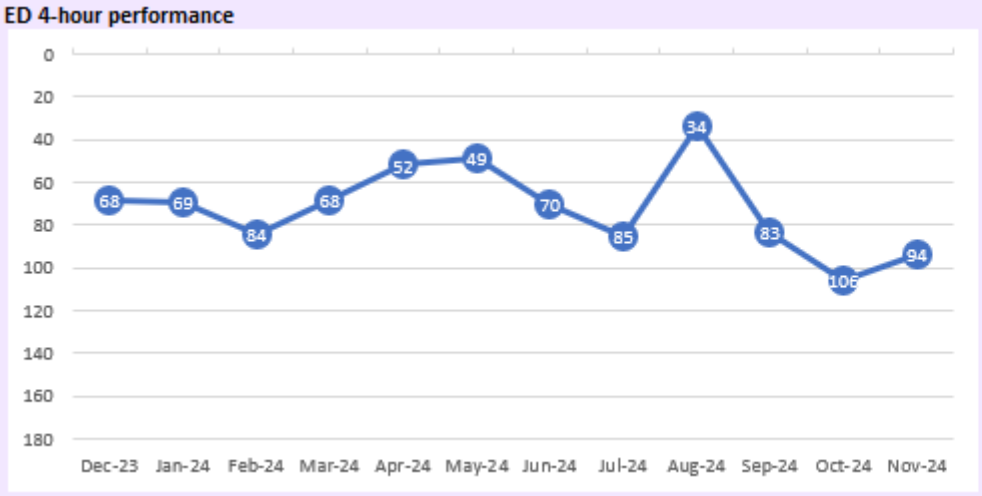
Data

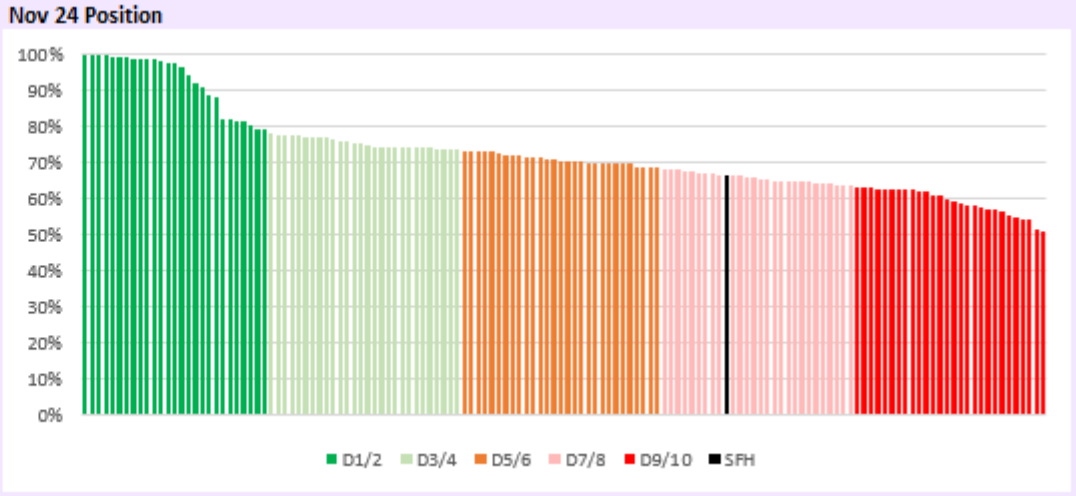


Overview and national position

- We have seen a deterioration in our ambulance handover position through quarter three due to a new clinical frailty scoring process. This is now improving as staff increase familiarity. However, we are significantly better than the East Midlands Ambulance Service (EMAS) average. Key messages to note are:
  - We are frequently best in Midlands and top quartile nationally for ambulance handovers.
  - EMAS average handover time 40 minutes, SFH 19 minutes.
  - A&E attends increased in quarter three to be 107% against planned levels. Type one attendance demand growth is in the upper quartile nationally (amongst the highest in the country). Type three Newark Urgent Treatment Centre attendance levels increased following the introduction of extended opening hours on 11 Nov-24, and the promotion of the service that came with the communication of it.
- The deterioration in 4-hour emergency access performance has seen us drop into the 3rd quartile (out of 4) nationally in Nov-24 (position for Dec-24 not published).

Benchmarking Position and Standings





Indicators in Focus: Urgent Care – A&E (3/3)

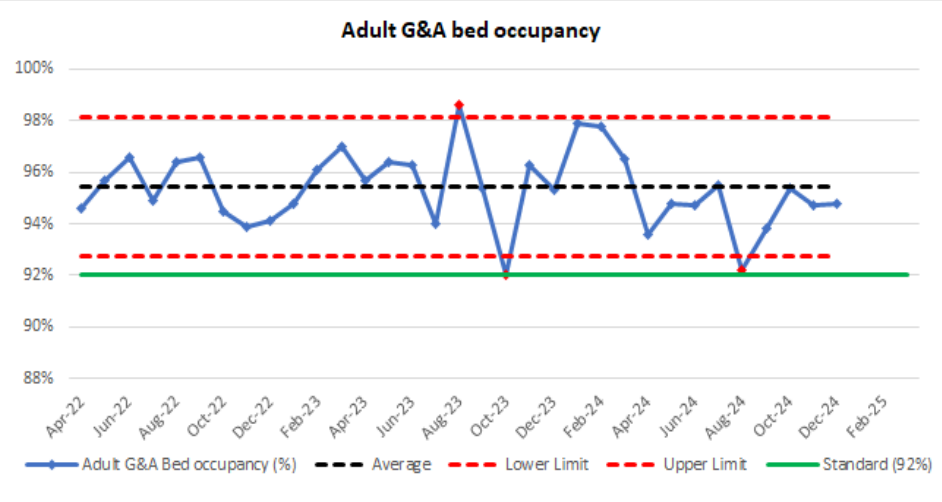
Sherwood Forest Hospitals NHS Foundation Trust

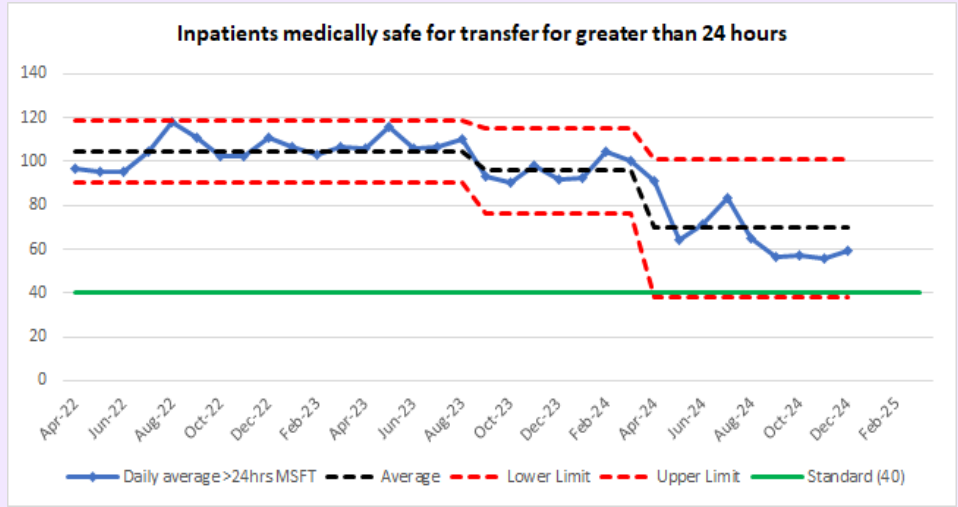
Root causes	Actions and timescale	Impact
Increased ED attendance demand.	• Admission and attendance avoidance with system partners to include: – Focus on frailty attendances – call before you convey, use of urgent care response teams. – Develop pathways out of the Urgent Care Co-ordination Hub. – Review all category 3 activity for missed opportunities. Category 3 activity is urgent patients but not life-threatening (category 1) or emergency calls (category 2). – Review of attendance demand with system partners for walk in attendances and ambulance conveyance with postcode analysis to try and identify the drivers for increased demand. ICB are doing a deep-dive to identify any trends in walk-ins referred by GPs. • Extension of Newark Urgent Treatment Centre (UTC) opening hours – commenced 11 Nov-24.	• Reduction in out of area conveyances. • Reduction in category 3 ambulance conveyances. • Reduction in over 65-year-olds where length of stay is one day plus.
	• Optimise approach to Same Day Emergency Care (SDEC) for patients who would otherwise be admitted to hospital and develop frailty and respiratory Virtual Ward at scale to maximising opportunities for admission avoidance. • Criteria to Admit Lead trial post (now in post from beginning of Jan-25).	• Increase in patients through Frailty and Surgical SDEC. • Early identification of Frailty through Clinical Frailty Scale (CFS) score being recorded in our Emergency Department (ED). • Decrease in mean time in department for non-admitted patients identified with a Clinical Frailty Score (CFS) >6.
	• We are working with systems partners to better understand the increase in the number of Mental Health presentations in ED. There has been a reduction in Mental Health-related ED presentations in the last month.	• Reduce ED overcrowding and improve staff to patient ratio through reduction in 1:1s required.
Insufficient staffing to manage ED demand.	• Business case supported for four additional Consultants and two Speciality Doctors to support (but not fully mitigate) the increased demand and reduce variable pay costs. Consultant interviews are due in Feb-25. The two Speciality Doctors have been recruited and are awaiting a start date. • Reviewing case mix of patient presentations at Newark by hour, with the aim to return to 99% emergency access performance.	• Decrease in mean time in department for non-admitted patient to <180 mins. • Time to initial assessment for arrivals to A&E seen within 15 minutes to greater than 60%.
ED overcrowding driven by bed capacity pressures and mismatches in admission and discharge demand.	• Robust frailty offer launched in Nov-24 as part of the winter plan. This includes an Acute Frailty Unit and pathways to support the transfer of patients out of ED and avoid admission. • Wards have begun to go two-over as part of our Full Capacity Protocol to accommodate more patients and thereby improve hospital flow and bedded capacity reducing clinical risk due to overcrowding in ED. • New Fit to Sit to open at end of Jan-25.	• Early identification of Frailty through Clinical Frailty Scale (CFS) score being recorded in our emergency Department (ED). • Decrease in mean time in department for non-admitted patients identified with a CFS >6.

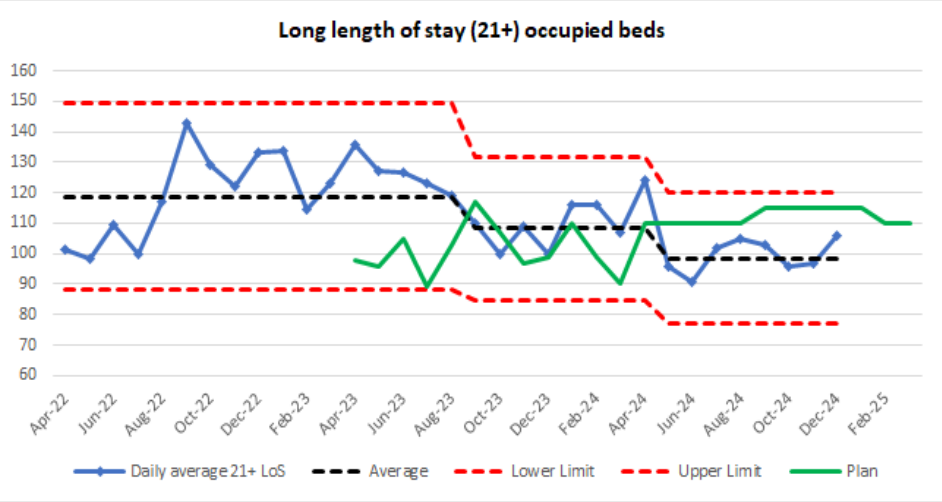
Indicators in Focus: Urgent Care – Hospital Flow (1/2)

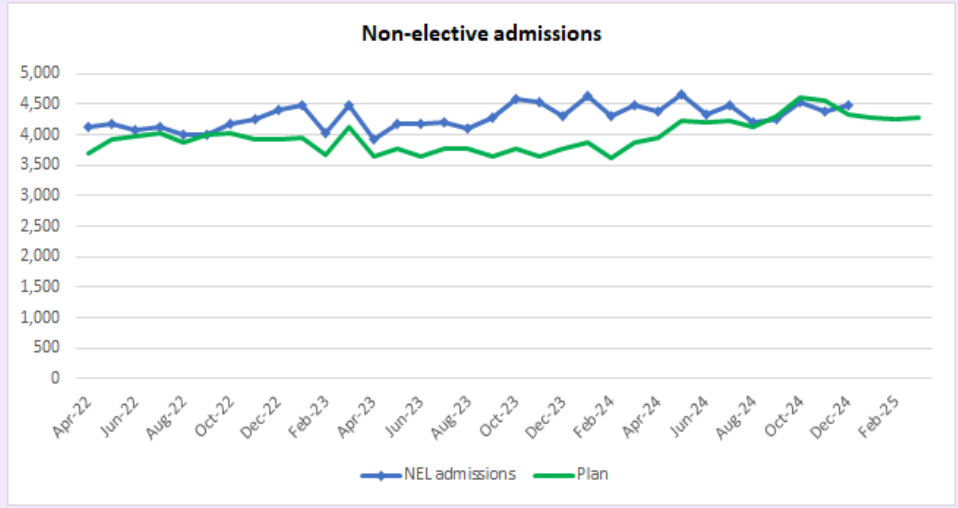
Sherwood Forest Hospitals NHS Foundation Trust

Data









Indicators in Focus: Urgent Care – Hospital Flow (2/2)

NHS Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

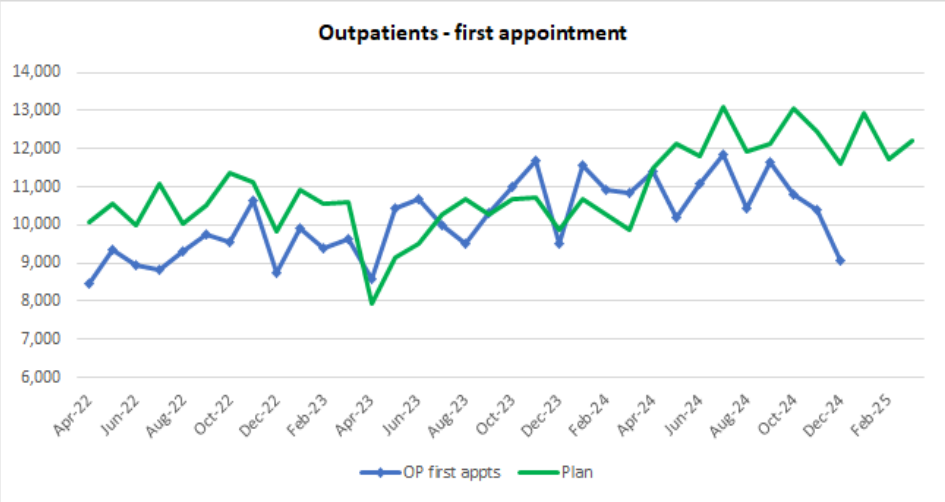
- Non-elective admission demand eased to be 0.9% below planned levels in quarter three, though this is still high. The year-to-date position is 3.1% above planned levels (our plan included 0.6% growth on 2023/24 levels). Our discharge levels have been strong particularly during Nov-24 and the first two weeks of Dec-24; however, the demand for beds remains high.
- The number of patients Medically Safe For Transfer (MSFT) over 24 hours reduced significantly to flag as a step-change on the statistical process control chart in quarters two. This lower observed level remained through quarter three as system partners continued to work closely to effectively transfer patients from the acute setting.
- The number of long stay patients has followed a similar trend to MSFT inpatient numbers due to similarities in the patient cohort with our position being better than our 2024/25 plan since May-24.

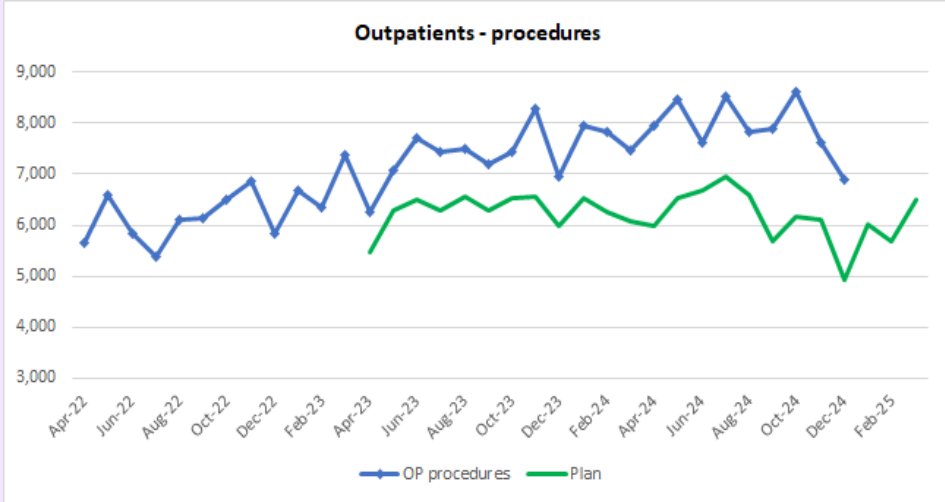
Root causes	Actions and timescale	Impact
Delays to pre-medically safe processes on inpatient wards.	• Long length of stay (LOS) meetings embedded for both pre and post medically safe patients. • Dedicated ward Discharge Coordinators engage early with patients and families.	• LOS meetings identify opportunities for alternative pathways and early engagement with partner agencies to support discharge. • Early identification of potential barriers to discharge.
	• A programme 'Getting the Basics Right ' championed by the Chief Operating Officer and Medical Director continues to focus on board rounds and ward processes to support consistency of clinical documentation and clear recording of decisions.	• Review of discharge definitions including 'medically safe' will help us plan discharges in a timely way. Communication plan for winter, including training video for all ward-based or supporting staff, to ensure all staff aware of their role in supporting flow and discharge.
	• Completion of recruitment to nurse vacancies within the discharge team.	• Consistency of discharge nurses across wards will benefit patient and family conversations to support timely discharge.
Delays to post-medically safe discharge processes.	• Transfer of Care Hub continues to work well. Dedicated staff focus on Pathway 3 patients and those with housing and homelessness issues.	• Reduce discharge delays and reduce the number of medically safe patients in our hospitals.
	• The discharge team undertake a daily review of all patients that have been medically safe for greater than 24 hours to identify actions to support timely discharge.	• Improve LOS for complex discharges across our hospitals.
	• Review funding of Street Health service which is non recurrently funded until Apr-25. Liaising with current funders to agree next year's plan around this essential service to ensure continuity.	• Reduce delays in discharge processes for patients with complex housing issues supporting overall reduction in the number of medically safe inpatients.
	• Patient Transport Services (PTS) continue to be a challenge to timely discharge. Both EMED and Ambicorp conveyances now under both local and system-wide review.	• Identify opportunity for operational and financial efficiency. • Eliminate barriers to discharge and further reduction in (good progress already seen) the number of abandoned discharges.
Insufficient community capacity to meet supported discharge demand.	• Daily reviews and escalation of Derbyshire patients to identify barriers and develop solutions for patients awaiting discharge.	• Rapid resolution of complex issues through multi agency working to support continued reductions in number of supported patients waiting more than 24 hours for discharge.
	• Twice-daily review of patients awaiting Nottinghamshire packages of care (POC); there are issues around those who are non-weight bearers. There has been a change within adult social care, who now limit the number of POCs to the funded limit of 100 per week across the system; this means that we typically have seen these POCs exhausted by Friday, leaving patients in hospital over the weekend.	• Identify trends in delays to discharge to enable further conversations with system partners around best use of capacity to maximise flow.

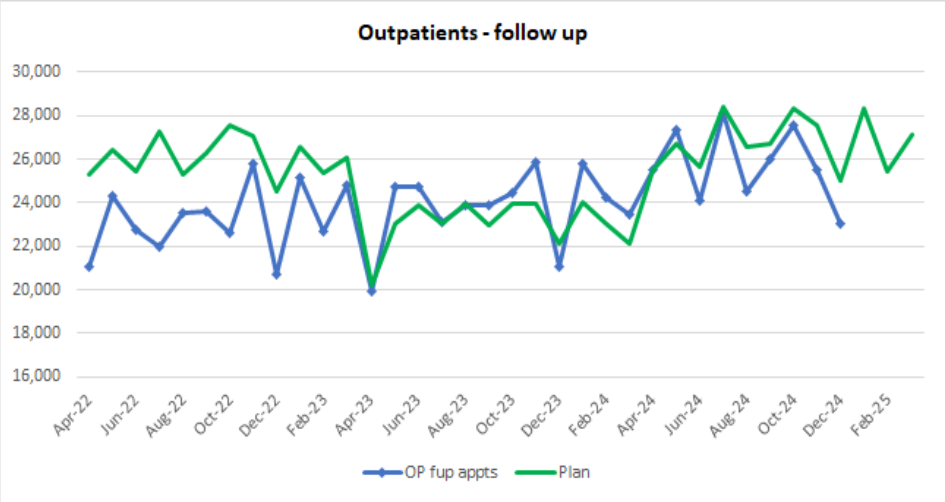
Indicators in Focus: Outpatients (1/2)

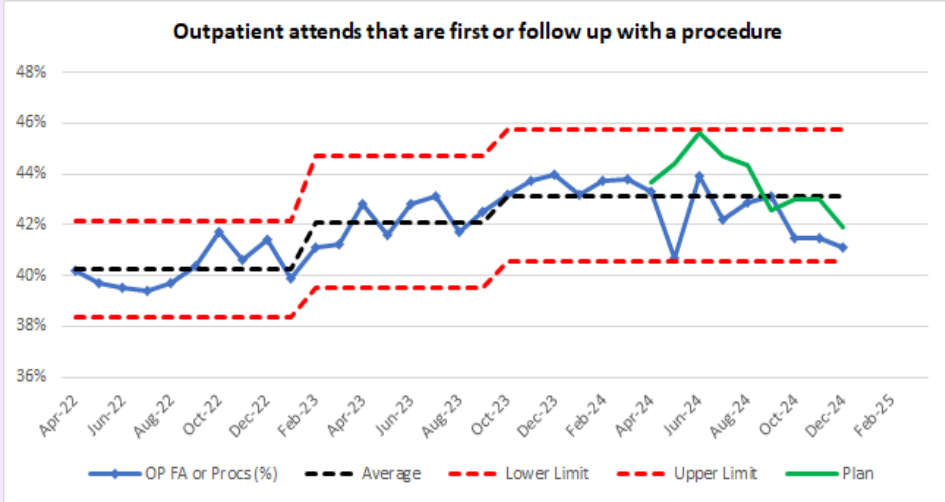
Sherwood Forest Hospitals NHS Foundation Trust

Data









Indicators in Focus: Outpatients (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

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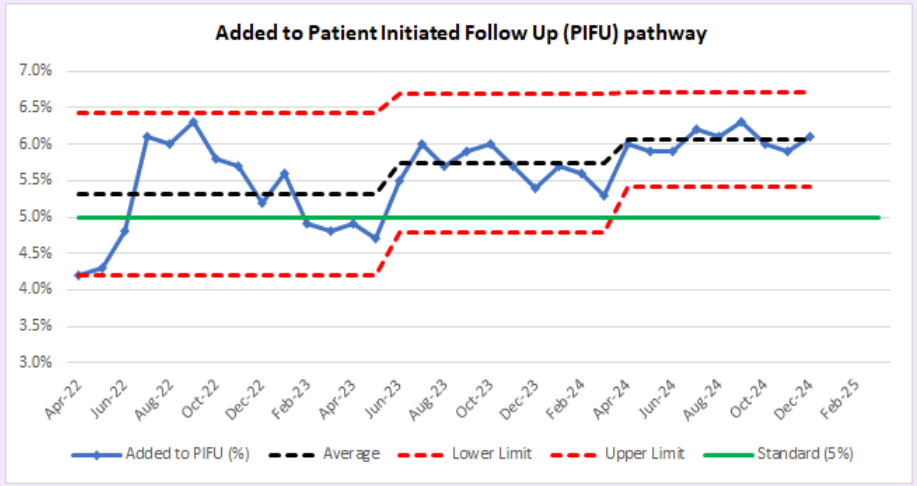
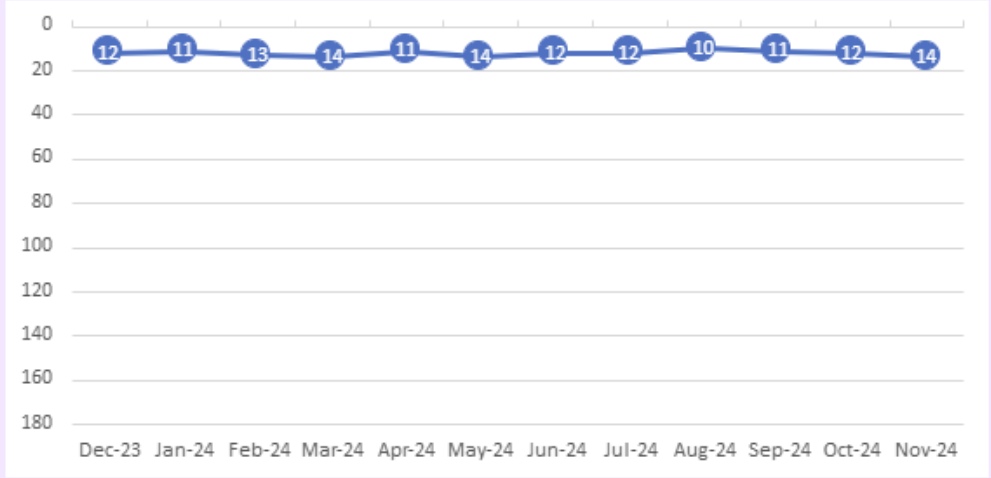


Overview and national position

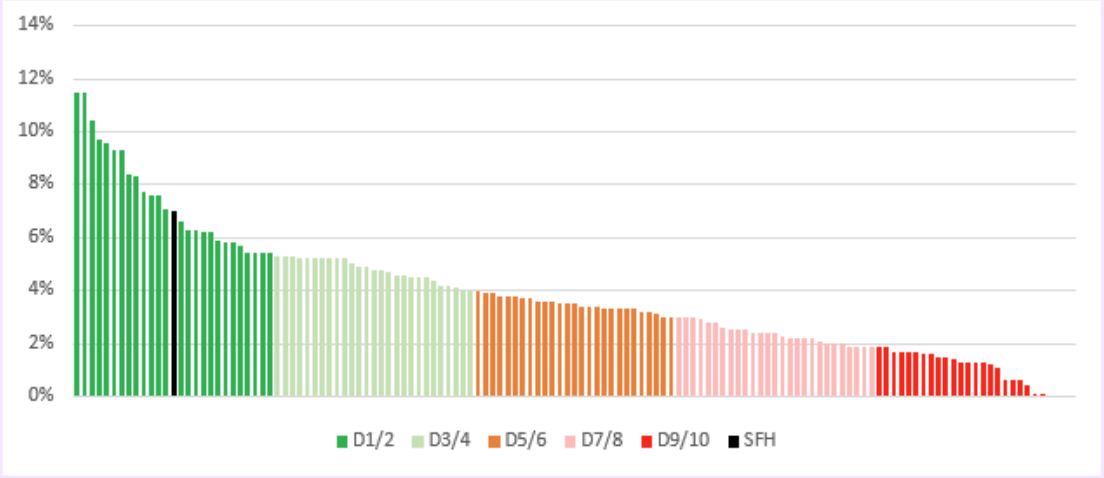
- We consistently perform above the 5% Patient Initiated Follow Up (PIFU) target and benchmark strongly (see below).
- Our volume of advice and guidance surpasses national targets, and we are responding to 98.2% of requests in less than five days.
- We have an outpatient improvement programme in place. Since the programme went live, it has delivered just over £0.5m in improvements (vs a plan of £120k) based on a circa 3% improvement in did not attend (DNA) rates and a circa 2% improvement in clinic utilisation. As of the middle of Jan-25, the programme is forecast to continue to over-deliver. Key schemes implemented through the programme are "Queuebuster", the "Room and Resource system" and text reminder optimisation.
- Trust outpatient first attendance and procedure activity levels have reduced throughout quarter three, though procedures remain well above plan. First appointments remain below plan. Reductions in December are always expected due to the Christmas holidays.
- Our outpatient follow up activity levels have been below our planned levels, which is positive in the context of the national ambition to reduce the volume of patients returning for follow up outpatient appointments.
- There are no specific escalations to raise for our outpatient metrics for this report.

Benchmarking Position and Standings

Added to Patient Initiated Follow Up (PIFU) pathway



Nov 24 Position



Indicators in Focus: Referral To Treatment (1/3)

Sherwood Forest Hospitals NHS Foundation Trust

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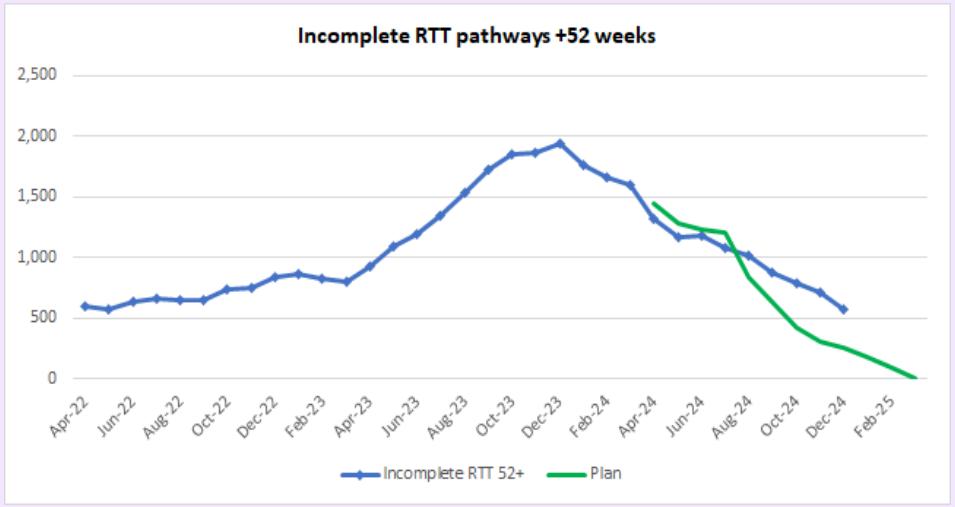
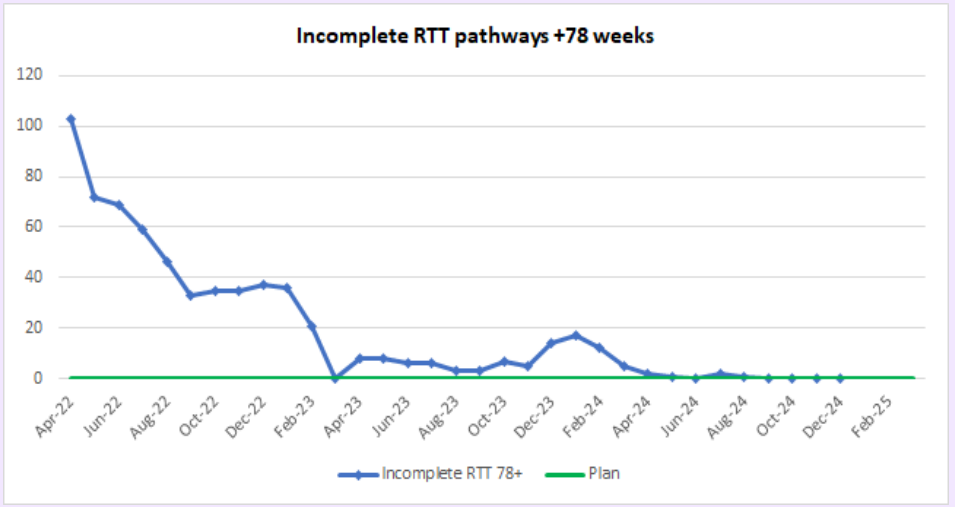
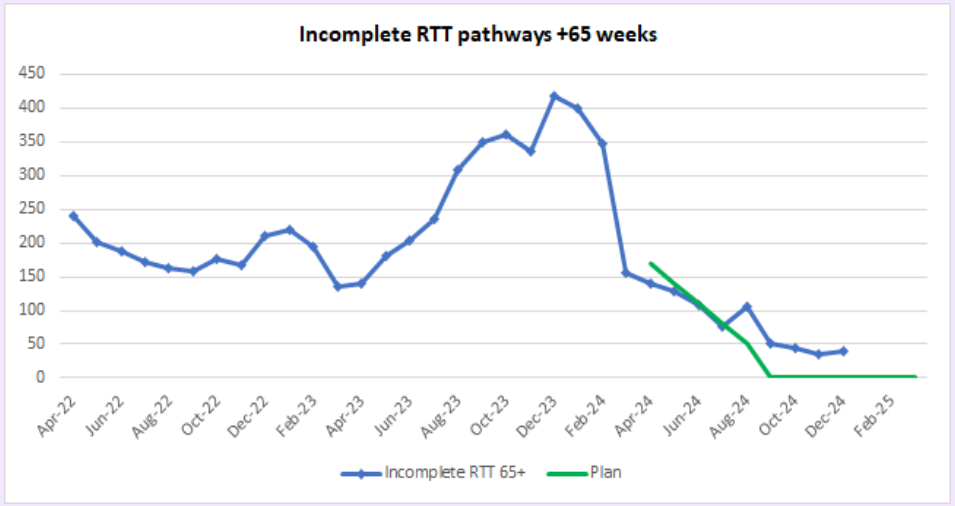
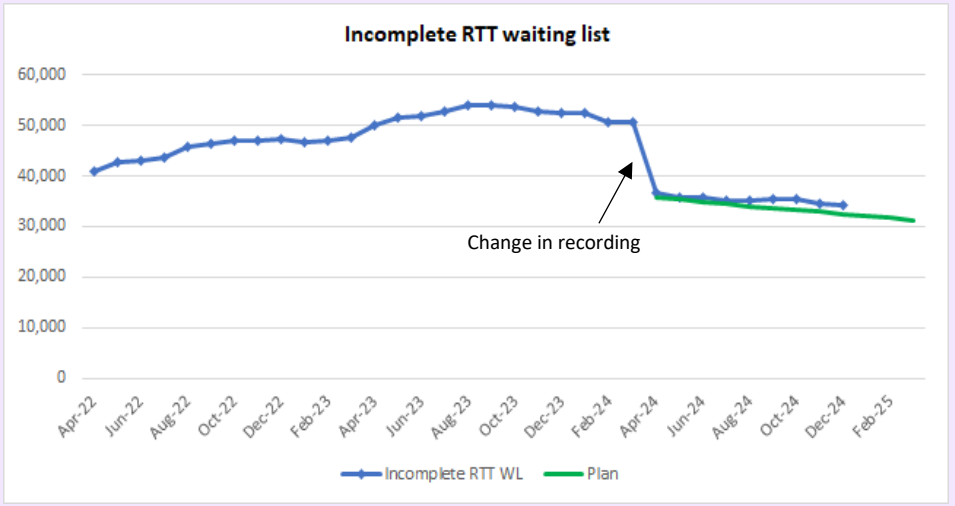








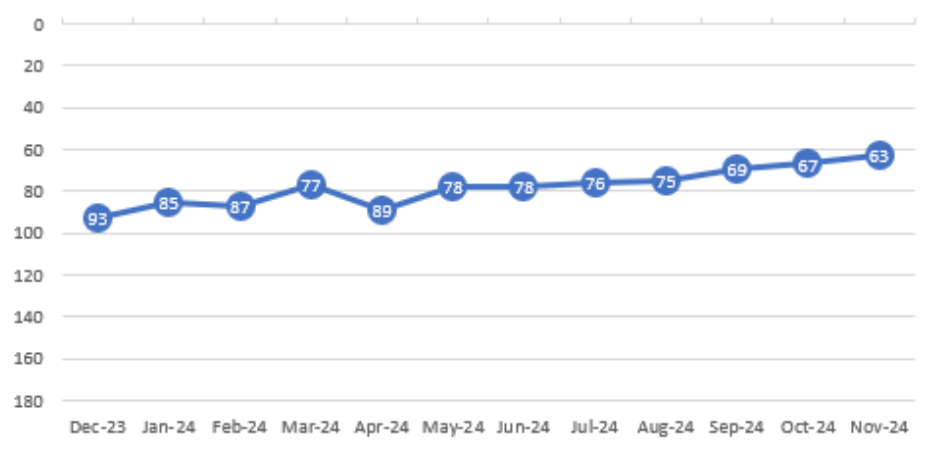
Indicators in Focus: Referral To Treatment (2/3)

Sherwood Forest Hospitals NHS Foundation Trust

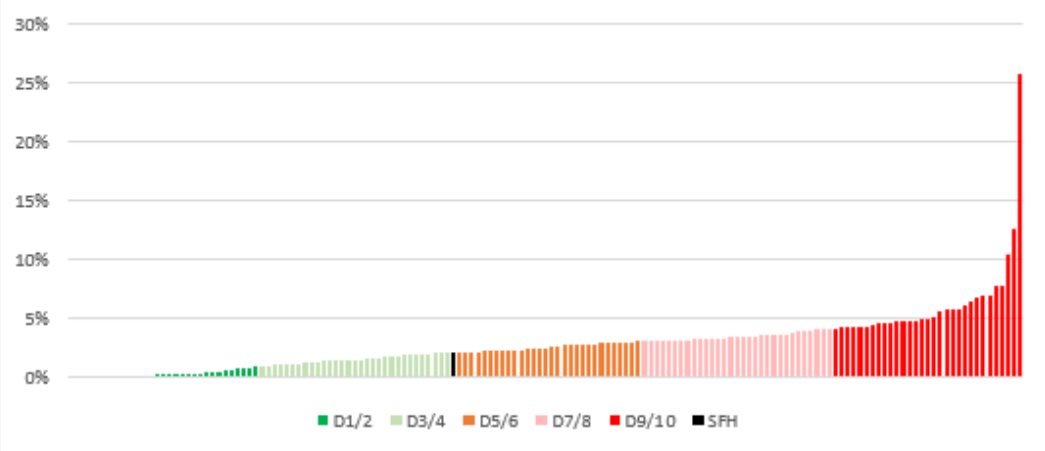
Data

Benchmarking Position and Standings

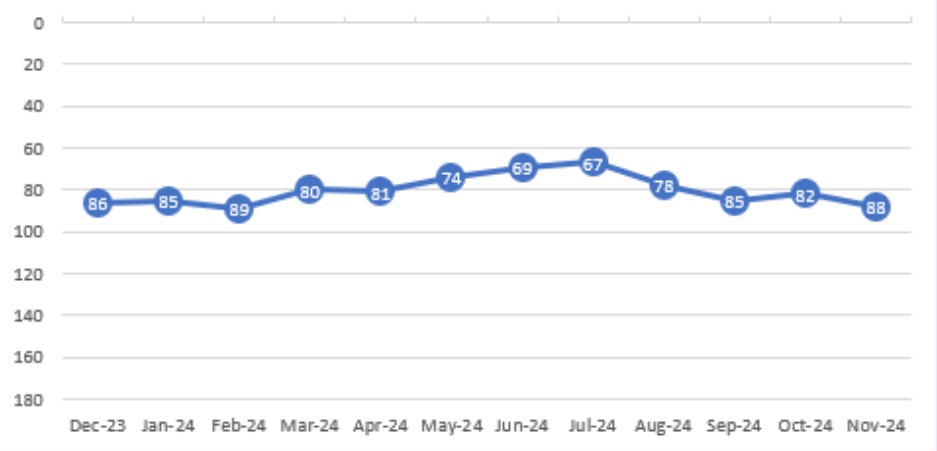
Incomplete RTT pathways +52 weeks



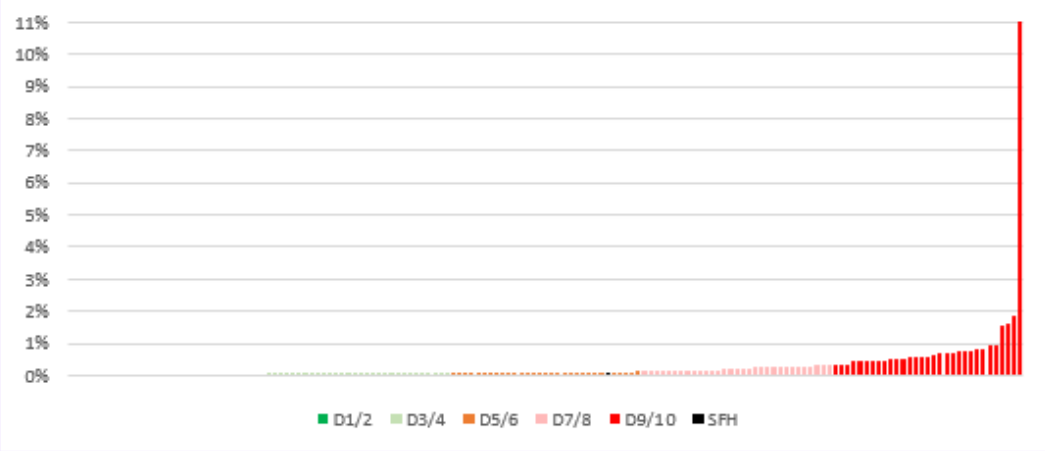
Nov 24 Position



Incomplete RTT pathways +65 weeks



Nov 24 Position



Indicators in Focus: Referral To Treatment (3/3)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

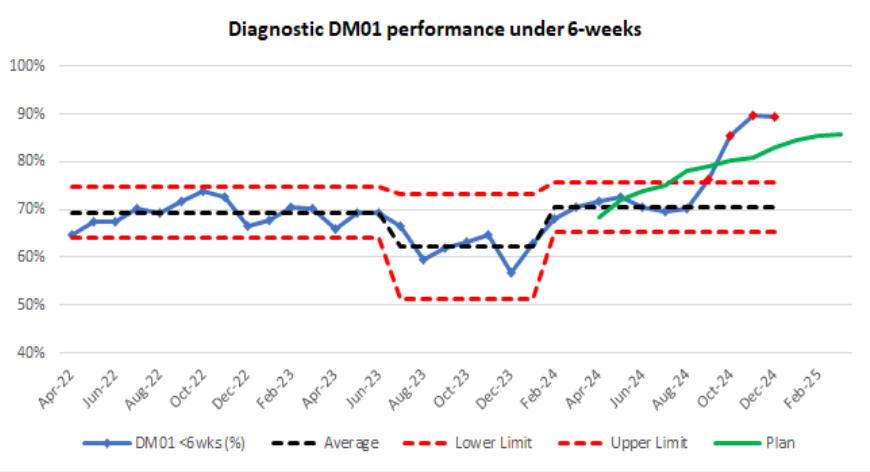
- Referral to Treatment (RTT) waiting times across England has reduced slightly to 7.1 million. National reporting of long wait patients more than 52 weeks wait has reduced to 217,000 pathways. The emphasis within the planning guidance was to reduce the volume of long waiting pathways and overall Patient Tracking List (PTL) size.
- Following updated guidance for RTT reporting within the Waiting List Minimum Data Set (WLMDS), from apr-24 we stopped reporting our overdue review appointments within or PTL; this resulted in a significant step change (reduction) in our overall reported incomplete pathways size from approximately 52,000 pathways to 37,000. We are seeing a reduction in line with (however, marginally above) our plan.
- 78-week waits remained at zero throughout quarter three. We continue to operate with zero tolerance for the reminder of 2024/25.
- 65-week wait patient volumes have been plateaued at circa 40 throughout quarter three. The provision of system support created further challenges from the late summer period, specifically in ENT, which is a national trend. The requirement to facilitate reductions in Children's and Young Persons and clinically urgent pathways are contributing to this position.

Root causes	Actions and timescale	Impact
Capacity in anaesthetics and across specialties such as ENT, General Surgery, and Orthopaedics (some of which is driven by system support).	• SFH supporting NUH patients across Ophthalmology, Audiology and Urology. Cross-provider support for ENT patients (NUH supporting SFH and SFH supporting NUH).	• Equalise waits across the system. This has impacted on reported positions for long waits at a provider level.
	• Increased capacity in Gastroenterology through insourcing and Endocrinology through locum appointment to reduce waits for first appointments.	• Patients referred to General Surgery at a shorter wait.
	• Insourcing provider identified, first list wc20/01 to increase ENT capacity. • Increase in cases on theatre lists being implemented following FourEyes meeting with ENT team. • Successful bid for additional equipment to increase Functional Endoscopic Sinus Surgery (FESS) capacity accepted and due to begin in eleven weeks as of 14 Jan-25.	• 1 list per week increase in ENT capacity to enable further reduction in long waits in a sustainable way. • Utilisation of sessions at 89.3% for the quarter • Will increase the volume of FESS that can be booked each week by up to 2 patients per week
	• Anaesthetic recruitment for four whole time equivalents (WTE) underway to support on-call rota cover. • Whilst trying to recruit, anaesthetic insourcing has been in place in quarter three.	• Enable reduction in theatre list cancellations due to anaesthetic availability, improving RTT waits.
Quality of data within our PTL. Patients potentially no longer needing or wanting treatment remaining on our waiting list.	• Investment in electronic patient-centred validation system (DrDoctor) to enable mass validation programme. Fully rolled out Nov-24 and under review.	• PTL will be 'clean' and represent only those patients genuinely waiting treatment. PTL reduction.

Indicators in Focus: Diagnostics

Sherwood Forest Hospitals NHS Foundation Trust

Data

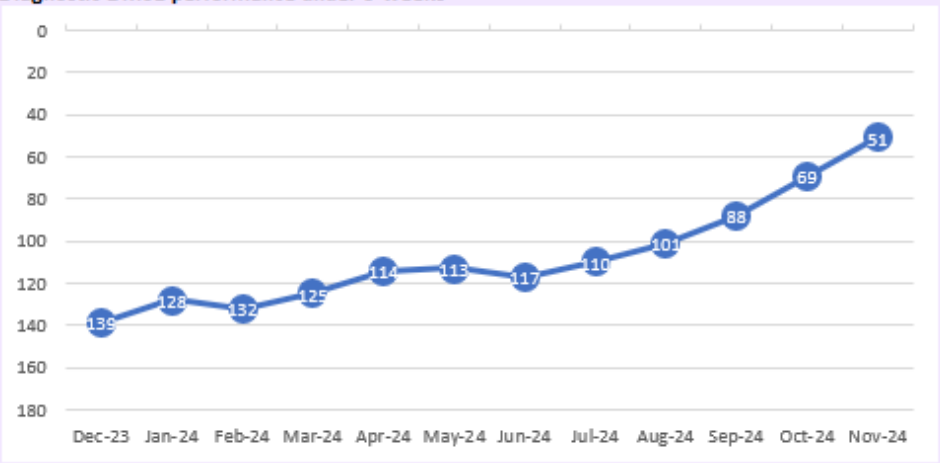


Overview and national position

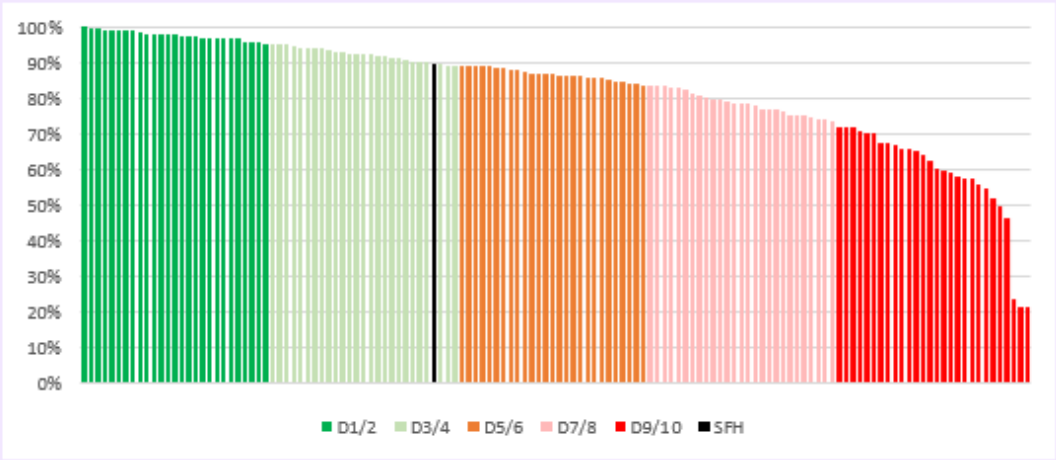
- Diagnostic DM01 performance at SFH has improved significantly in quarter three, resulting in an improvement in our benchmarking position (see below). We have moved into the fourth decile having been towards the bottom of the pack at the start of 2024/25.
- Nationally, 80% of patients nationally were seen within 6-weeks against the interim national standard of 95% by Mar-25.
- We have observed sustained improvements in DM01 performance and in 6 and 13-week backlog levels since Jul-24. The local position at the end of Nov-24 improved to 89.8% of patients seen within 6-weeks; above the national position. The greatest improvements have been seen in Echocardiography and Computed Tomography (CT).
- Our focus is now on:
    - Audiology where the pressure has been driven by extra demand from patients taken in mutual aid. We are converting one-stop capacity to bookable DM01 slots.
    - CT Cardiac where the pressure has been partially driven by the targeted lung health check programme expansion. We have a new scanner which is due to be operational in Feb-25 and are being supported by the independent sector and by Doncaster and Bassetlaw Teaching Hospitals (DBTH) and NUH.
- This indicator has performed better than plan throughout 2024/25 quarter three.

Benchmarking Position and Standings

Diagnostic DM01 performance under 6-weeks



Nov 24 Position



Indicators in Focus: Cancer (1/2)

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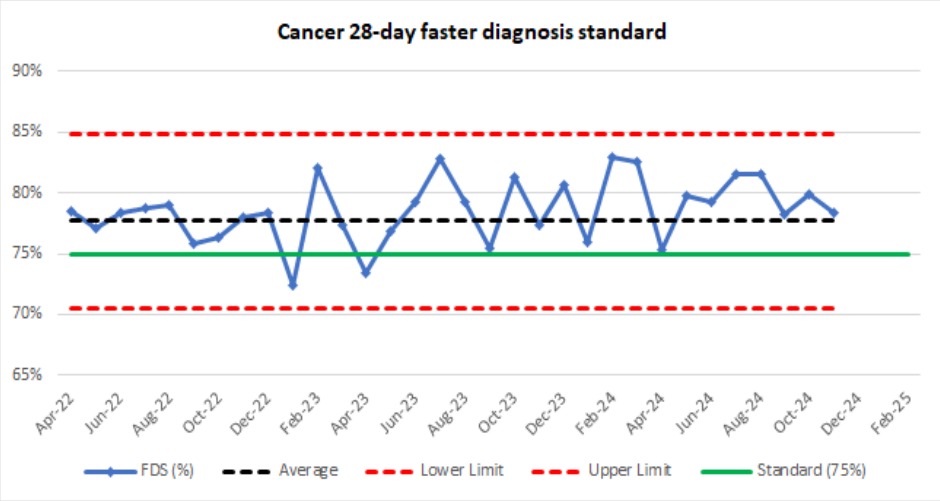
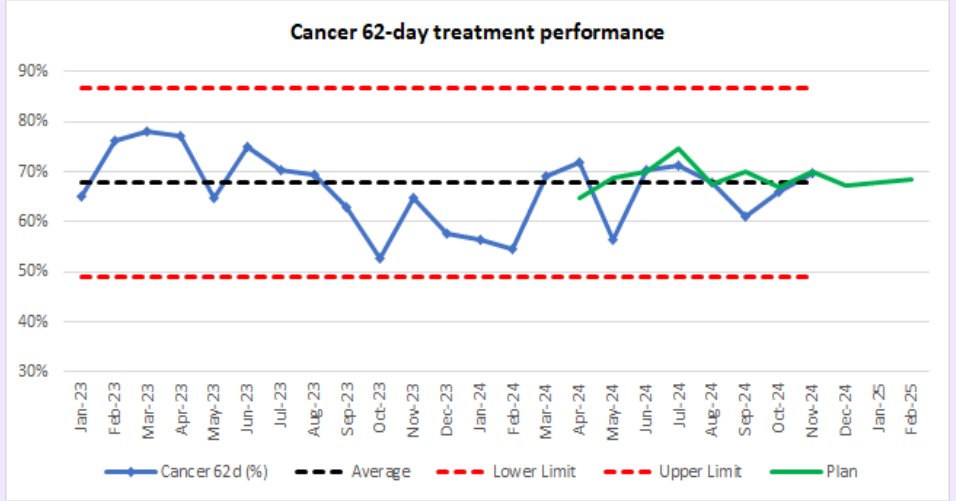
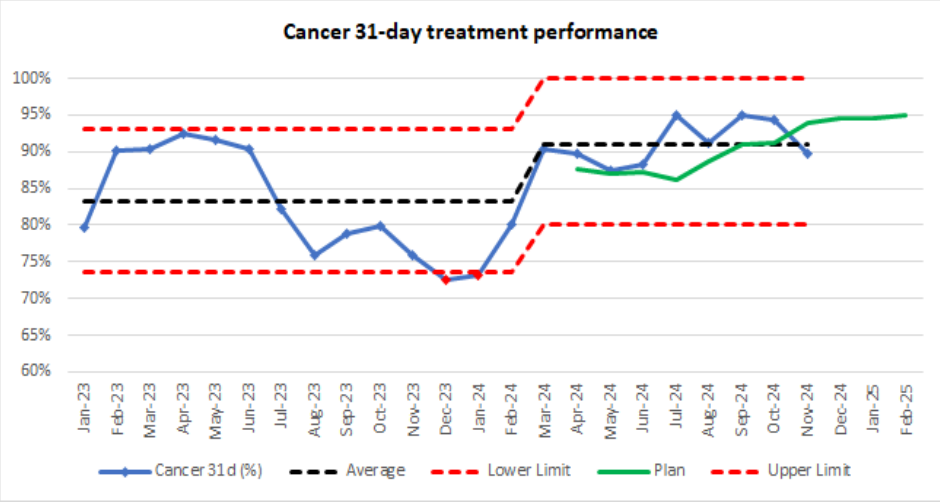
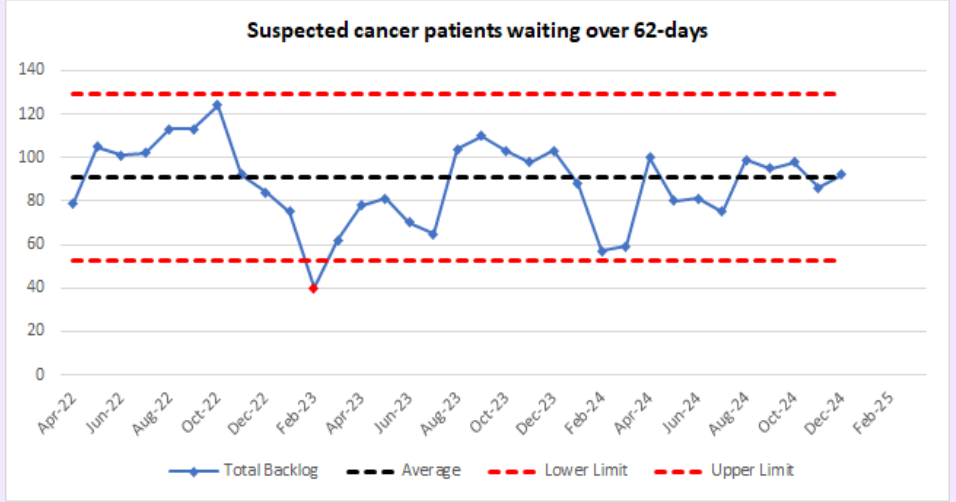
Data









Revised national cancer waiting time standards launched in Oct-23 with the original 10 standards reduced to three. The 31-day and 62-day standards present validated month-end, published data against the new standards from Oct-23. The historical data is based on a proxy as these metrics did not exist pre-Oct-23; as such the Jan-23 to Sep-23 data should be used as a guide and does not reflect the month-end, validated and published data.

We have aligned our reporting of the 31-day and 62-day treatment standards to match with the national cancer waiting time standards which remove auto upgrades. The reported position for the last two months for the cancer treatment standards can move as provisional cancer waiting time data is validated. We align the reported position in the Integrated Performance Report to the national reported position.

Indicators in Focus: Cancer (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

Considering the latest national data (Nov-24):

- Nationally, 28-day Faster Diagnosis Standard (FDS) is 77% against the 75% standard. SFH is performing better than the England position and above the national standard. In Nov-24 we ranked 76 out of 140 providers.
- Nationally, 31-day treatment performance (first treatment) is 91% against the 96% standard. SFH is performing just below the England position and the national standard. In Nov-24 we ranked 104 out of 140 providers.
- Nationally, 62-day performance is 69% against the interim 70% standard. SFH is performing better than the England position and in line with the interim national standard. In Nov-24 we ranked 94 out of 146 providers.

Root causes	Actions and timescale	Impact
62-day standard – all tumour sites except for skin, LGI gynaecology did not meet the interim 70% standard in Nov-24. Due to capacity, histology turnaround, patient complexity, fitness and patient engagement.	• Best practice timed pathway improvement groups in place for Head and Neck, Prostate, Lower GI, Breast , Upper GI and Teledermatology.	• Streamlining pathways towards best practice timed pathways to improve 28, 31 and 62-day performance.
	• CT Colon and Colonoscopy pathway and demand review.	• Improved 28, 31 and 62-day performance by reducing waits for diagnostic tests.
	• Lower GI demand and capacity modelling.	• Improved 28 and 62-day performance by increased timeliness of consultant decisions to progress next steps.
	• Successful funding for new scanner to increase capacity for CT Colons, working towards 2024/25 quarter four installation.	• Increased diagnostic capacity and improved FDS and 62-day.
	• Recruitment to additional Consultant Radiology capacity to increase capacity and reporting turnaround.	• Improved 28, 31 and 62-day performance by reducing waits for diagnostic tests and reports.
	• Additional Consultant capacity for histopathology.	• Improved histopathology turnaround and increased compliance with the 10-day standard.
31-day standard –Breast oncology and surgical capacity.	• Theatres transformation workstream to improve booking process and timely access to theatres. • Advanced planning of post chemo patient pathway operations. • Pooled consultant lists as appropriate to increase listing flexibility.	• Increase timely surgical capacity. • Improve 31-day performance.
	• Joint Oncology PTL with NUH.	• Equalise Oncology waits and improve 31-day performance.
Performance against 62-day standards will temporarily reduce as the backlog is cleared. Once the backlog is reduced, we will be in a more sustainable position for future delivery.		

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Best Value Care

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Domain Summary: Best Value Care

Overview	Lead: Chief Financial Officer

The financial plan for 2024/25 is to deliver a break-even plan. This changed in 2024/25 quarter two from a deficit plan of £14m due to non-recurrent deficit funding being provided by NHS England in 2024/25.

The quarter three position is a deficit to plan variance of £1.1m. This is a year-to-date deficit of £1.9m adverse to the break-even plan. The year-to-date (YTD) position accounts for the financial impact of industrial action; including £0.3m relating to the income lost as well as £0.2m of unplanned redundancy costs linked to the Covid Vaccination Service, £0.5m underfunded consultant pay award plus urgent and emergency care pressures.

The winter plan commenced in quarter three for 2024/25 and cost £0.6m. This is £0.4m less than the planned cost. The current full plan is forecast to be utilised of £2.3m.

The current forecast risk to delivery is £13.4m which is being taken through financial recovery and has been fully reviewed through the Executive team and Finance Committee with next steps and actions to be agreed.

Financial Improvement Programme (FIP) delivery in quarter three saw a significant shift from delivery in the first two quarters of the year with an over delivery against plan of £2.5m in quarter three. YTD £26.6m has been delivered against a target of £26.9m. Significant over delivery of vacancy factor is supporting the shortfall of recurrent schemes. The current unweighted forecast is for £43.0m with a risk adjusted forecast of £37.8m. Schemes continue to be worked on at pace supporting financial recovery.

The 2024/25 Capital Expenditure Plan was initially phased in equal twelfths across the financial year, due to delays in finalising allocations and plans across the Integrated Care System (ICS). Quarter three capital expenditure totalled £4.3m, which is £3.1m lower than initially planned. Following the Board approval of the final re-prioritised capital plan in Jul-24, a reprofiling exercise has been completed to align the forecast delivery dates. The current full year forecast is £2.5m less than the original plan due to re-phasing of nationally allocated Electronic Patient Record (EPR) funding into 2025/26.

Closing cash on 31 December was £3.0m, which is £1.3m favourable to plan. However, this masks an underlying pressure on available revenue cash resource, as it is being managed by extending payment terms to suppliers and has been supported by Revenue Support of £9.1m in year.

Value weighted elective activity in quarter three was 116% against the baseline, which exceeds the NHS England target of 105%. The Trust has set an ambitious Elective Recovery Fund (ERF) plan for 2024/25, and further work is being undertaken to identify opportunities to improve the levels of value weighted elective activity as the year progresses.

In 2024/25 quarter three, we have spent £3.2m on agency, which is £0.1m higher than the plan of £3.1m. This represents 3.5% of our total pay bill and exceeds the 3.2% NHS England target. However, this has been the lowest quarter of agency spend over the year. The main reasons for agency use are sickness and vacancies, while a proportion also related to ERF initiatives to increase activity and reduce patient waiting list backlogs.

The following pages contain more detailed performance information across the best value care domain.

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Scorecard: Best Value Care

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	Oct-24	Nov-24	Dec-24	2024/25 Qtr 3	2024/25 YTD
	Income & expenditure against plan	≥£0.00m	≥£0.00m	✗-£0.76	✓£2.33	✗£12.76	✗£11.19	✗-£0.02	✓£0.02	✗-£0.61	✗-£0.61	✗-£0.33	✗-£0.31	✓£0.44	✗-£0.20	✗-£0.18	✗-£0.79	✗-£0.09	✗-£1.06	✗-£1.87
	Financial Improvement Programme (FIP) against plan	≥£0.00m	≥£0.00m	✓£1.27	✗-£0.43	✓£0.54	✓£1.38	✗-£0.55	✓£1.48	✓£0.66	✓£1.59	✗-£1.61	✗-£1.38	✗-£1.57	✗-£4.56	✓£4.90	✗-£1.66	✗-£0.20	✓£3.04	✓£0.07
	Capital expenditure against plan	≤£0.00m	≤£0.00m	✓-£2.01	✓-£0.88	✓£12.53	✓£15.42	✗£1.61	✗£2.07	✗£1.39	✗£5.07	✗£1.55	✗£1.28	✗£1.27	✗£4.10	✗£1.16	✗£1.01	✗£1.92	✗£4.09	✗£13.26
	Cash balance	-	≥£1.45m	✓£1.80	✓£8.76	✓£4.74	✓£4.74	✗£1.34	✓£1.73	✓£1.50	✓£1.50	✗£0.32	✗-£0.15	✗£0.05	✗£0.05	✓£9.46	✓£4.17	✗£1.28	✗£1.28	✗£1.28
Finance	Implied Productivity 2023/24 v 2024/25	-	3.1%	-	-	-	-	-	-	-	-	✓ 6.7%	✓ 5.2%	✓ 6.1%	✓ 6.1%	✓ 6.9%	-	-	✓ 6.9%	✓ 6.9%
	Value weighted elective activity	-	105%	✓113.2%	✓114.2%	✓127.1%	✓118.2%	✗103.5%	✓110.9%	✓112.0%	✓108.8%	✓108.8%	✓118.7%	✓118.5%	✓115.3%	✓119.1%	✓113.6%	✓114.4%	✓115.7%	✓113.3%
	Agency expenditure against plan	≥£0.00m	≥£0.00m	✗-£1.36	✗-£1.17	✗-£1.09	✗-£3.62	✗-£0.18	✗-£0.29	✗-£0.29	✗-£0.76	✗-£0.39	✗-£0.24	✓£0.01	✗-£0.62	✗-£0.17	✗-£0.09	✓£0.14	✗-£0.12	✗-£1.50
	Reported agency spend			£1.47	£1.28	£1.21	£3.96	£1.27	£1.28	£1.32	£3.87	£1.44	£1.17	£0.93	£3.54	£1.18	£1.14	£0.90	£3.22	£10.63
	Reported bank spend			£3.36	£2.01	£3.69	£9.06	£2.25	£2.88	£2.59	£7.72	£2.75	£2.89	£2.22	£7.86	£2.36	£2.41	£2.61	£7.38	£22.96

Indicator in Focus: Income and Expenditure Against Plan

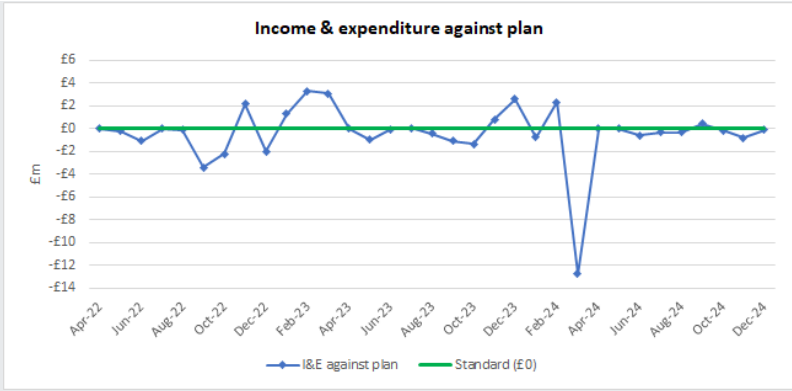
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the Trust financial plan, which is a break-even position for 2024/25. This is aligned to the Trust's share of the 2024/25 Revenue Plan Limit set for the Nottingham & Nottinghamshire ICB by NHS England.
- The Trusts annual plan has moved from a deficit of £14m this year to a break-even position, due to non-recurrent deficit funding being provided by NHS England in 2024/25.
- The Trust has an adverse variance to plan of £1.1m in 2024/25 quarter three, and £1.9m year-to-date against the plan.

Root causes	Actions and timescale	Impact
Lost income due to industrial action relating to cancelled activity.	• The forecast includes an assumption that the lost income relating to industrial action is covered by supporting allocations later in the year, and that elective activity levels are accelerated through the year.	• Annual plan achievement.
Urgent and Emergency Care pressures.	• The forecast assumes current pressure from the Urgent Care pathway will be managed within the total trust position.	• Annual plan achievement.
Pay award	• Forecast assumes current pressure from the consultant pay award, which has not been fully funded will be managed in the total Trust position.	• Annual plan achievement.
Forecast risk	• Current forecast risk is £13.4m. A recovery plan has been taken to the Executive team and Finance Committee which sets out several key recovery actions to take place over the coming weeks. These are: income ERF income stretch, winter plan slippage to not be re-invested, cap on temporary pay, increased vacancy control panel grip and control, further grip and control on discretionary expenditure and a cap on insourcing and outsourcing. • Forecast assumes remaining pay awards are fully funded, and that winter pressures do not require any elective activity to be cancelled. The forecast excludes impact of band 2 to band 3 pay claim as we do not expect to be able to mitigate this. • Multiple contractual discussions are taking place with the ICB regarding funding for services, value-based commissioning and outcome from service reviews. This may cause a further risk in the current forecast. • Remainder of the year holds a risk of a reduced level of income being received including energy funding and non-recurrent revenue support received in quarter two.	• Annual plan achievement.

Data



Indicator in Focus: Financial Improvement Plan

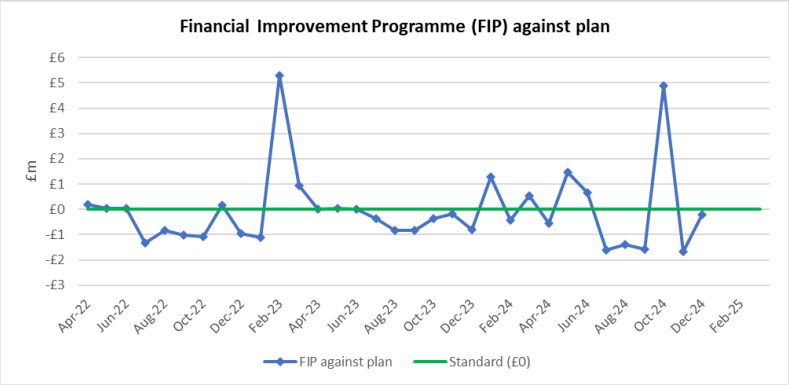
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the Trust Financial Improvement Plan (FIP).
- The Trust has a £38.4m efficiency programme for 2024/25, which is currently £0.3m behind plan.

Root causes	Actions and timescale	Impact
• Failure to identify schemes in time to deliver savings in line with the plan.	• Following the quarter two shortfall seen in delivery, this was pulled back throughout quarter three with a surplus against the plan of £2.5m. This gives a year-to-date efficiency delivery of £26.6m against a target of £26.9m, giving a deficit against the plan of £0.3m. • Regular financial efficiency meetings are in place with addition of the recovery plan now commencing throughout quarter four with focus on delivery of Trust control total. • New opportunities continue to be identified and quantified to move opportunities into delivery.	• Annual plan achievement.
• Resources to support delivery.	• Resources are in place to support each workstream and we now have a 'Specialist Advisor – Financial Recovery and Associate Director of Financial Recovery and Sustainability' in post. • The current weighted forecast is £37.8m against the plan of £38.4m. Financial recovery is supporting to close this gap.	• Annual plan achievement.

Data



Indicator in Focus: Capital Expenditure Against Plan

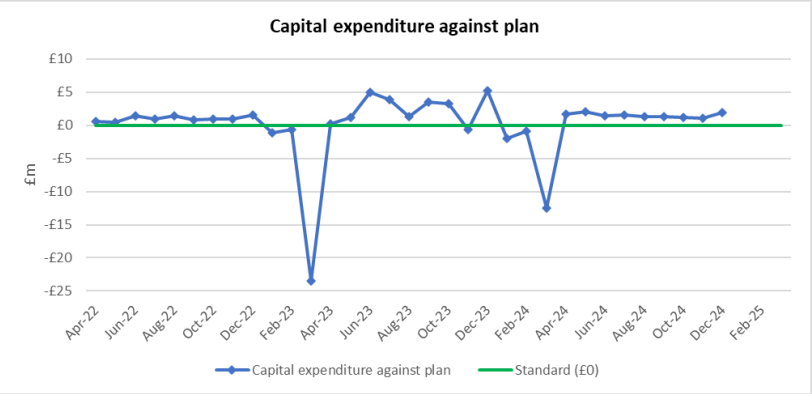
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the 2024/25 Capital Expenditure Plan. Following the Board approval of the final re-prioritised capital plan in Jul-24, a reprofiling exercise was completed to align to internal forecast delivery dates.
- The current forecast is £2.5m less than the original plan due to re-phasing of nationally allocated Electronic Patient Record (EPR) funding into 2025/26.
- The plan requires capital borrowing support from the Department of Health and Social Care (DHSC), which presents a risk due to timing of expenditure compared to receipt of Public Dividend Capital (PDC) support. A decision on funding is expected in Jan-25.
- There are known overspends in relation to capital schemes agreed in the 2023/24 plan, which need to be managed in-year against the 2024/25 allocation.

Root causes	Actions and timescale	Impact
Outturn variance across schemes driven by the re-phasing of EPR and reallocation of plan to cover known overspends.	• Agreed re-phasing of EPR. • Reprioritised 2024/25 Capital Expenditure Plan agreed by the Board in Jul-24. • Allocation agreed with Integrated Care System (ICS) partners for 2024/25.	• Delivery of Capital Plan.
Requirement for Public Dividend Capital (PDC) to support plan £13.35m.	• PDC request prepared and submitted in Aug-24 in relation to the agreed 2024/25 capital plan.	• No agreement in place for PDC, current spending is at risk. • Risk that the application will not be approved, which would adversely impact of cash and delivery of Capital Plan.

Data



Indicator in Focus: Cash Balance

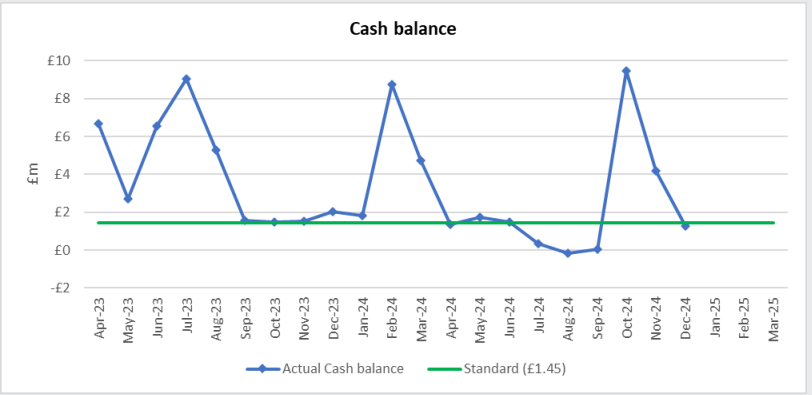
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the minimum cash balance (£1.45m) as set by the Department of Health and Social Care (DHSC) as a condition of revenue cash support.
- At the end of 2024/25 quarter three, the cash position is £1.25m favourable to plan and was above the minimum cash balance.
- Plan required revenue borrowing Public Dividend Capital (PDC) cash support from DHSC of £14.0m. This has been replaced by revenue deficit support funding in quarter three.

Root causes	Actions and timescale	Impact
Standard is the plan and the minimum cash balance required by DHSC of £1.45m as part of our support.	• Management of available cash balances to accounts payable payments due. • Prioritisation matrix of supplier payments agreed at the Trust Management Team.	• Requirement to ensure minimum balance is met/ maintained.
Plan and actual required revenue borrowing PDC cash support from DHSC and 2024/25 forecast indicates a further requirement for working capital support.	• Plan and actual required revenue borrowing PDC cash support from DHSC and 2024/25 forecast indicates a further requirement for revenue support. • Revenue support applications submitted for all quarters of 2024/25. • PDC request submitted Aug-24, resubmitted Oct-24 in relation to the agreed 2024/25 capital plan. Decision expected Jan-25.	• Extended payment terms to suppliers. • Failure to achieve Better Payment Practice code. • Unsupportable capital plan.

Data



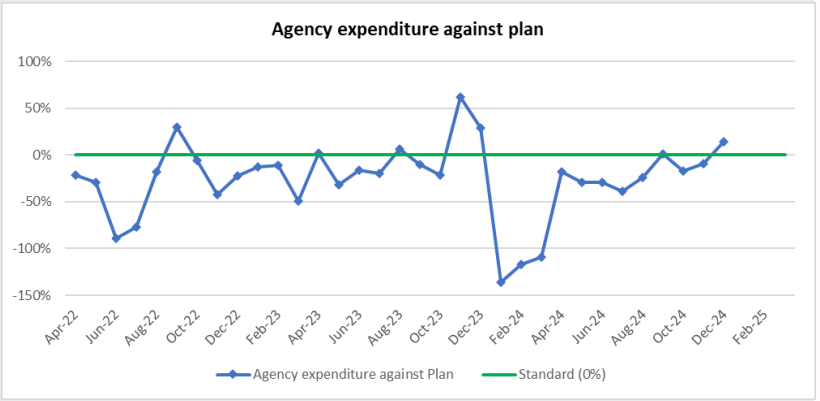
Indicator in Focus: Agency Expenditure Against Plan

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the planned agency expenditure for 2024/25.
- The Trust has reported agency expenditure of £3.22m for 2024/25 quarter three; this is £0.12m adverse to the planned level of spend.
- Agency expenditure in quarter three accounts for 3.5% of our total pay bill and exceeds the 3.2% NHS England target. However, this is the lowest percentage we have seen over the current financial year and previous year.

Data



Root causes	Actions and timescale	Impact
Level of vacancies and sickness.	• Enhanced financial governance focus on agency spend and compliance at Divisional Performance Reviews and Divisional Finance Committees. • Medical posts being filled and reviewed at medical specialty groups.	• Reduced agency run rate to achieve financial plan.
	• All medical agency bookings that are above cap to be reviewed at weekly vacancy control panels. There are still shifts filled over cap, but this has begun to reduce.	
Forecast	• From Jul-24, the use of off-framework agencies is not permitted. Any exceptions are to be approved by the Chief Executive Officer. All internal escalation forms have been updated to reflect this. • Quarter two saw zero off-framework shifts covered. • In line with financial recovery a cap will be placed on temporary pay reducing spend on agency further over quarter four. In addition, full reviews of agency spend are taking place in quarter four with finance and divisions.	

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Scorecard: Activity (for context)

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	Oct-24	Nov-24	Dec-24	2024/25 Qtr 3	2024/25 YTD
Urgent Care	A&E attendances (inc. PC24)	≤Plan	≤Plan	✗104.5%	✗111.1%	✗111.6%	✗109.0%	✗111.5%	✗106.8%	✗104.1%	✗107.3%	✗106.5%	✓96.7%	✗102.0%	✗101.7%	✗105.9%	✗107.4%	✗107.7%	✗107.0%	✗105.3%
	Non-elective admissions	≤Plan	≤Plan	✗119.9%	✗118.6%	✗116.0%	✗118.2%	✗111.3%	✗110.4%	✗103.3%	✗108.3%	✗105.5%	✗102.1%	✓99.1%	✗102.2%	✓98.1%	✓96.2%	✗103.3%	✓99.1%	✗103.1%
Electives	Average daily elective referrals			314	327	304	315	343	340	325	336	348	320	347	338	374	350	-	362	343
	Outpatients - first appointment	≥Plan	≥Plan	✓108.3%	✓106.3%	✓109.7%	✓108.1%	✗99.3%	✗84.0%	✗94.0%	✗92.3%	✗90.5%	✗87.5%	✗96.0%	✗91.3%	✗82.9%	✗83.4%	✗78.2%	✗81.6%	✗88.3%
	Outpatients - follow up	≤Plan	≤Plan	✗107.5%	✗105.0%	✗106.2%	✗106.2%	✓100.0%	✗102.4%	✓94.1%	✓98.9%	✓99.1%	✓92.2%	✓97.2%	✓96.2%	✓97.2%	✓92.5%	✓92.0%	✓94.0%	✓96.3%
	Outpatients - procedures	≥Plan	≥Plan	✓121.7%	✓125.3%	✓123.0%	✓123.3%	✓133.0%	✓129.3%	✓114.4%	✓125.3%	✓122.7%	✓118.7%	✓139.0%	✓126.1%	✓139.9%	✓124.7%	✓139.9%	✓134.5%	✓128.4%
	Day case	≥Plan	≥Plan	✓100.2%	✓101.5%	✓109.8%	✓103.7%	✗96.3%	✗96.1%	✗96.0%	✗96.1%	✓102.7%	✓101.3%	✓100.0%	✓101.3%	✗95.8%	✓101.4%	✗97.1%	✗98.1%	✗98.6%
	Elective inpatient	≥Plan	≥Plan	✓101.9%	✓110.8%	✓129.3%	✓113.5%	✗92.5%	✗94.6%	✗90.0%	✗92.4%	✗84.0%	✗99.8%	✗96.7%	✗93.3%	✓108.0%	✓109.4%	✗97.9%	✓105.4%	✗97.0%
Diagnostics	Diagnostics	≥Plan	≥Plan	✓102.6%	✓103.9%	✓106.8%	✓104.4%	✓102.6%	✓109.2%	✗98.1%	✓103.2%	✓104.9%	✓111.4%	✓112.5%	✓109.5%	✓120.5%	✓114.9%	✓114.6%	✓116.7%	✓109.8%

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Appendix A: Integrated Scorecard & Graphs for each indicator

The Integrated Scorecard together with graphs for all indicators is included as a separate file.

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Appendix B: Benchmarking Guidance (1/2)

How can we use benchmarking?

Benchmarking can tell us:

Are we different?

- Looking at the available evidence, is there a difference between our organisation and other comparable organisations?
- Evidence can be qualitative or quantitative (focus of this will be on quantitative).

How are we different?

- Does the evidence show that we are better or worse than comparators?
- Are we significantly different, or is the difference just normal variation?
- Can we easily explain the difference?

Why are we different?

- What are the better performing Trusts doing differently to us?
- Look at data for correlations of performance.
- Review any literature available relating to those organisations e.g. Benchmarking Network good practice compendiums.
- Contact other organisations.

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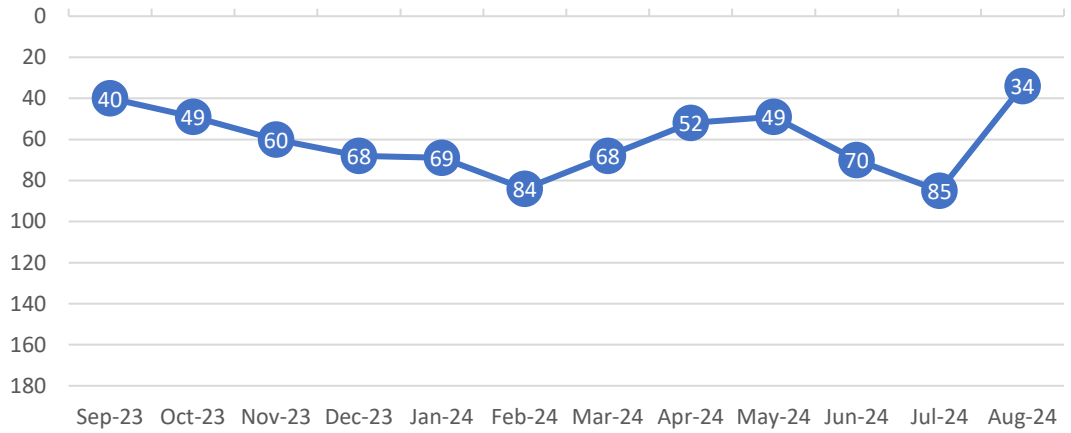
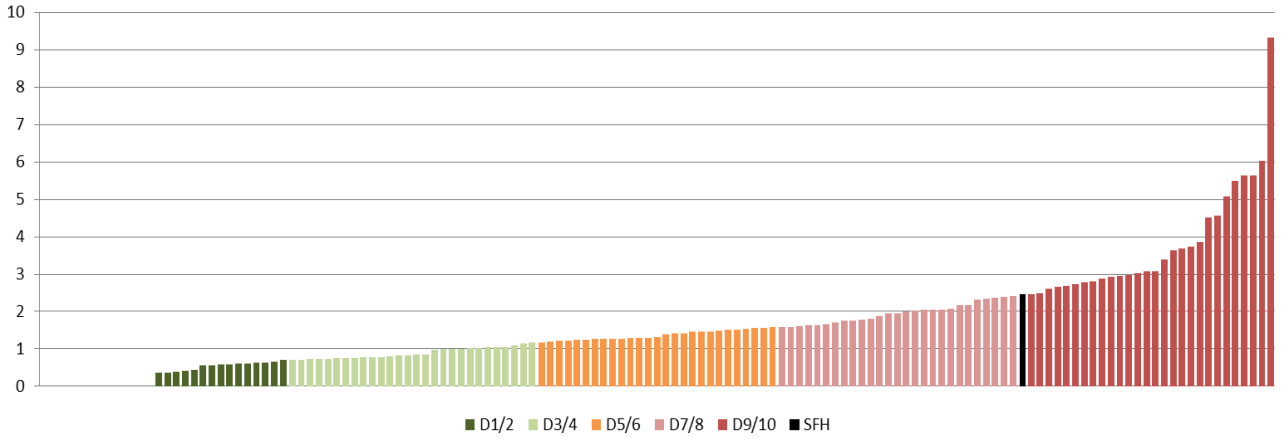
Appendix B: Benchmarking Guidance (2/2)

Reading the benchmarking charts:

The Trend Chart



The Bar Chart



The trend chart shows the SFH position relative to other Trusts nationally over time.

This gives us an indication if changes to our own rates are internally driven i.e. something the Trust is doing differently, or if the changes are related to wider environmental factors that will impact every Trust.

In the case of these charts, a lower number is always considered to be the better performing i.e. the chart shows our rank with 1 being the best in the country.

The bar chart shows the SFH position compared to other acute Trusts nationally; each bar represents a Trust, with the different colours each representing two deciles, or 20% of Trusts nationally (dark red being the worst performing 20%, dark green being the best performing) with SFH coloured black.

This allows us to see the comparative spread of performance, and the gap from the SFH position to the national average (median).